

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

320 FIRST STREET SE

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00075820

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Electronically Filed by Keith A. Davis

Date

12

07

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		857845.78
(b) Cash on Hand at Beginning of Reporting Period	4200543.75	
(c) Total Receipts (from Line 19)	3414948.90	27197157.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7615492.65	28055003.04
7. Total Disbursements (from Line 31)	3298499.47	23738009.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4316993.18	4316993.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	2000000.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	978934.80	8850193.25
(ii) Unitemized	1067667.08	8634995.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2046601.88	17485189.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1228100.00	7064709.80
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3274701.88	24549898.87
12. Transfers From Affiliated/Other Party Committees	85326.53	2335160.33
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	54920.49	263479.65
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1175.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	47443.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3414948.90	27197157.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3414948.90	27197157.26

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	3077238.54	17486367.34	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3077238.54	17486367.34	
22. Transfers to Affiliated/Other Party Committees.....	50000.00	627992.71	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	41981.25	
24. Independent Expenditure (use Schedule E)	153250.93	970932.03	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	4500000.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	8510.00	61224.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	8510.00	61224.00	
29. Other Disbursements.....	0.00	49512.53	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3298499.47	23738009.86	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3298499.47	23738009.86	

DETAILED SUMMARY PAGE of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3274701.88	24549898.87
34. Total Contribution Refunds (from Line 28(d))	8510.00	61224.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3266191.88	24488674.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3077238.54	17486367.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	54920.49	263479.65
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3022318.05	17222887.69

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SCHEDC_1

LOAN SOURCE Full Name (Last, First, Middle Initial)
WACHOVIA

Election:

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code 22102

Original Amount of Loan

6000000.00

Cumulative Payment To Date

4000000.00

Balance Outstanding at Close of This Period

2000000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 3Y Y Y Y
2 0 0 8

12/31/09

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

2000000.00

TOTALS This Period (last page in this line only) ▶

2000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 8 / 1070 of Schedule C

Name of Committee (in Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C00075820</div>	
Back Ref ID: SCHEDC 1			
LENDING INSTITUTION (LENDER) Full Name WACHOVIA	Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;">8000000.00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.0000</div> %	
Mailing Address 1753 PINNACLE DRIVE		Date Incurred or Established <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>	
City MCLEAN	State VA	Zip Code 22102	Date Due <div style="border: 1px solid black; padding: 2px; display: inline-block;">12/31/2009</div>

A. Has loan been restructured? ☐ No ☒ Yes If yes, date originally incurred :

10

03

2008

B. If line of credit,
 Amount of this Draw:

0.00

 Total Outstanding balance :

2000000.00

C. Are other parties secondarily liable for the debt incurred?
☒ No ☐ Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☒ Yes If yes, specify: DEPOSIT ACCOUNTS, DONOR LIST

What is the value of this collateral?

8000000.00

Does the lender have a perfected security interest in it? ☒ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☒ No ☐ Yes If yes, specify: _____

What is the estimated value?

0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.
 Date account established:

10

02

2008

Location of account
 WACHOVIA
 Address:
 1753 PINNACLE DRIVE
 City, State, Zip: MCLEAN VA 22102

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.
MEMO NOTE ON INTEREST: INTEREST RATE IS LIBOR + 1.995%. SOFTWARE DOES NOT SUPPORT TEXT IN THE FIELD

G. COMMITTEE TREASURER Typed Name KEITH A. DAVIS Signature	DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2009</div> </div>
---	---

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name KIMBERLY P. ARMSTRONG Signature		DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2009</div> </div>
Title SR VICE-PRESIDENT		

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 51725.25	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010850	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DIERDRE SCOZZAFAVA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 51725.25	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010851	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
(a) SUBTOTAL of Itemized Independent Expenditures		103450.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 4279.75	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010852	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DIERDRE SCOZZAFAVA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 4279.75	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010853	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
(a) SUBTOTAL of Itemized Independent Expenditures		8559.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00075820</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1444.22</div>	
City CROFTON State MD Zip Code 21114		Transaction ID: SE24-0.010855 Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: DIERDRE SCOZZAFAVA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
153250.93			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">968.00</div>	
City CROFTON State MD Zip Code 21114		Transaction ID: SE24-0.010857 Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: DIERDRE SCOZZAFAVA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
153250.93			
(a) SUBTOTAL of Itemized Independent Expenditures		2412.22	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 13</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
 ONMESSAGE INC

Mailing Address
 2130 PRIEST BRIDGE DR # 11

City CROFTON	State MD	Zip Code 21114
-----------------	-------------	-------------------

Purpose of Expenditure
 MEDIA

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 WILLIAM OWENS

Calendar Year-To-Date Per Election
 for Office Sought

153250.93

Date

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Amount

967.99

Transaction ID: SE24-0.010858

Office Sought: ☒ House State: NY
☐ Senate District: 23
☐ Presidential

Check One: ☐ Support ☒ Oppose

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) : SPECIAL GENERAL
 2009

Full Name (Last, First, Middle, Initial) of Payee
 ONMESSAGE INC

Mailing Address
 2130 PRIEST BRIDGE DR # 11

City CROFTON	State MD	Zip Code 21114
-----------------	-------------	-------------------

Purpose of Expenditure
 MEDIA

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 WILLIAM OWENS

Calendar Year-To-Date Per Election
 for Office Sought

153250.93

Date

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Amount

1444.22

Transaction ID: SE24-0.010856

Office Sought: ☒ House State: NY
☐ Senate District: 23
☐ Presidential

Check One: ☐ Support ☒ Oppose

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) : SPECIAL GENERAL
 2009

(a) SUBTOTAL of Itemized Independent Expenditures

2412.21

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A Davis
 Signature

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 951.50	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010861	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 951.50	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010860	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DIERDRE SCOZZAFAVA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
(a) SUBTOTAL of Itemized Independent Expenditures		1903.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 14 / 1070

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER C C00075820	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 17256.75	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010891	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DIERDRE SCOZZAFAVA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
Full Name (Last, First, Middle, Initial) of Payee ONMESSAGE INC		Date M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 17256.75	
City State Zip Code CROFTON MD 21114		Transaction ID: SE24-0.010893	
Purpose of Expenditure MEDIA		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153250.93		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL GENERAL 2009	
(a) SUBTOTAL of Itemized Independent Expenditures		34513.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		153250.93	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Keith A Davis Signature		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. VICKI AARDEMA

Mailing Address 2216 SHERWOOD HALL LANE

City

ALEXANDRIA

State

VA

Zip Code

22306-2744

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPARTA, INC.

Occupation

SR. SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134156

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JIHAD ABIALMOUNA

Mailing Address 2800 SWEET HOME ROAD

City

BUFFALO

State

NY

Zip Code

14228-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130687

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CARLOS ABRAMOWSKY

Mailing Address 1405 CLIFTON RD NE

City

ATLANTA

State

GA

Zip Code

30322-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122319

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARY J. ABROE

Mailing Address 212 WOODBINE AVENUE

City

WILMETTE

State

IL

Zip Code

60091-3332

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLLEGE OF LAKE COUNTY IL

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111572

Amount of Each Receipt this Period

1125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSEPH M. ACCURSO

Mailing Address 2801 7TH AVE., SW

City

AUSTIN

State

MN

Zip Code

55912-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
RADIOLOGY - DIAGNOSTIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123741

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KYLE ACOSTA

Mailing Address 185 GREENBRIAR BLVD

City

COVINGTON

State

LA

Zip Code

70433-7234

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123634

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RAMESH ADABALA

Mailing Address 35-37 PROGRESS STREET

City

EDISON

State

NJ

Zip Code

08820-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100559

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAY C. ADAMS, JR.

Mailing Address 1616 S PENINSULA DR

City

DAYTONA BEACH

State

FL

Zip Code

32118-4948

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROWN & BROWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INSURANCE

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13105177

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. NEAL W. ADAMS

Mailing Address 3950 HWY. 360

City

GRAPEVINE

State

TX

Zip Code

76051-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125934

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PELHAM E. ADAMS

Mailing Address 8225 S. BENNETT DRIVE

City

COLUMBIA

State

MO

Zip Code

65201-9549

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13110194

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LT. RANALD T. ADAMS, JR.

Mailing Address 1002 EMERALD DR

City

ALEXANDRIA

State

VA

Zip Code

22308-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097262

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SEAN S. ADAMS

Mailing Address 3123 AVIARA CT

City

NAPERVILLE

State

IL

Zip Code

60564-4617

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE VALLEY ANESTHESIOLOGISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118411

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EMERSON E. ADDINGTON

Mailing Address 29813 N. DALTON ROAD

City

DEER PARK

State

WA

Zip Code

99006-9729

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099718

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ALAN ADLER

Mailing Address 465 OCEAN PKWY

City

BROOKLYN

State

NY

Zip Code

11218-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120677

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LEROY M. AGENBROAD

Mailing Address 1745 PRIMROSE DR

City

EL CAJON

State

CA

Zip Code

92020-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CONTRACTOR

Aggregate Year-to-Date ▼

462.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116280

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. AGOSTINO

Mailing Address 4466 CENTRAL AVE

City

INDIANAPOLIS

State

IN

Zip Code

46205-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDIANA UNIVERSITY MEDICAL
CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120722

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CHRISTINE AGREZ

Mailing Address 523 RUSH WEST RUSH ROAD

City

RUSH

State

NY

Zip Code

14543-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer
AGREZ CONSULTING

Occupation
SOFTWARE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122537

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GABRIEL AGUILAR

Mailing Address 9 LIVINGSTON ST. STE. 3 N

City

POUGHKEEPSIE

State

NY

Zip Code

12601-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109918

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. SHARON AHART

Mailing Address 815 S AUBURN ST

City

KENNEWICK

State

WA

Zip Code

99336-5661

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PEDIATRICS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104840

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ABDEL M. AHMED

Mailing Address 1000 S COLUMBIA RD

City

GRAND FORKS

State

ND

Zip Code

58201-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095731

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RAFIQ AHMED

Mailing Address 2310 YORK ST # 2B

City

BLUE ISLAND

State

IL

Zip Code

60406-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096705

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ELMER H. AHRENS

Mailing Address 3551 ZENNER AHRENS RD

City

KERRVILLE

State

TX

Zip Code

78028-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127283

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. AINLEY

Mailing Address 6020 MELVIN AVE

City

TARZANA

State

CA

Zip Code

91356-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
A & M MANAGEMENT CO.LLC

Occupation
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105333

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MOHAN C. AIRAN

Mailing Address 2340 S HIGHLAND AVE
STE 250

City

LOMBARD

State

IL

Zip Code

60148-5396

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13144027

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional)

-100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. P AJRAWAT

Mailing Address 7327 HANOVER PKWY. STE. A

City

GREENBELT

State

MD

Zip Code

20770-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099757

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PAUL V. AKERS

Mailing Address 210 NORTH BLVD E

City

HUNTINGTON

State

WV

Zip Code

25701-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096684

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MOHAMMAD AKMAL

Mailing Address 2310 ALCAZAR ST

City

LOS ANGELES

State

CA

Zip Code

90033-5327

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100483

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DEVENDER N. AKULA

Mailing Address 63 KRESSON RD
STE 101

City State Zip Code
CHERRY HILL NJ 08034-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2009

Transaction ID: SA11.13144032

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

CHARGED BACK

B.

Full Name (Last, First, Middle Initial)

MR. A. EDWARD ALBERT

Mailing Address P.O. BOX 639

City State Zip Code
GATES MILLS OH 44040-0639

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 18 2009

Transaction ID: SA11.13113534

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARILYN B. ALBRECHT

Mailing Address 30567 LAKEVIEW AVENUE

City State Zip Code
RED WING MN 55066-5655

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 04 2009

Transaction ID: SA11.13098577

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ROBERTA ALCORN

Mailing Address 22410 SUMNER BUCKLEY HWY E.

City

BUCKLEY

State

WA

Zip Code

98321-9269

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120774

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. ALEXANDER

Mailing Address 76 S. MAIN STREET

City

AKRON

State

OH

Zip Code

44308-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST ENERGY

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13125923

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BLANCHE B. ALLEN

Mailing Address 34117 DUNE ROAD

City

NEWBERRY SPRINGS

State

CA

Zip Code

92365-9798

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117445

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BRENT J. ALLEN

Mailing Address 1000 N MAIN ST

City

RICHFIELD

State

UT

Zip Code

84701-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098464

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RUSSELL F. ALLEN

Mailing Address 5300 N MERIDIAN AVE APT 10

City

OKLAHOMA CITY

State

OK

Zip Code

73112-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121646

Amount of Each Receipt this Period

350.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EUGENE R. ALLSPACH

Mailing Address 4654 SPRUCE ST

City

BELLAIRE

State

TX

Zip Code

77401-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13114332

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID ALPHIN

Mailing Address P.O. BOX 3684

City

FAYETTEVILLE

State

AR

Zip Code

72702-3684

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13104987

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN AMES

Mailing Address PO BOX 596

City

CUMBERLAND

State

ME

Zip Code

04021-0596

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124875

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ANGELO J. ANAGNOS

Mailing Address 848 ALDER PL

City

LODI

State

CA

Zip Code

95242-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108445

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CHRISTIE P. ANDERSON

Mailing Address 6927 N. COCHRAN ST.

City

SPOKANE

State

WA

Zip Code

99208-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128824

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. ANDERSON

Mailing Address 1055 W. JOPPA ROAD
UNIT 309

City

TOWSON

State

MD

Zip Code

21204-3769

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113612

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMES ANDERSON

Mailing Address 300 E BOYD AVE
SUITE 120

City

GREENFIELD

State

IN

Zip Code

46140-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098312

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN RICHARD ANDERSON

Mailing Address P.O. BOX 136

City

GAIL

State

TX

Zip Code

79738-0136

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107178

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN RICHARD ANDERSON

Mailing Address P.O. BOX 136

City

GAIL

State

TX

Zip Code

79738-0136

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120821

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARK J. ANDERSON

Mailing Address 705 ROSE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-6251

FEC ID number of contributing
federal political committee.

C

Name of Employer
KELLEY DRYE & WARREN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107214

Amount of Each Receipt this Period

84.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

334.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARK J. ANDERSON

Mailing Address 705 ROSE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-6251

FEC ID number of contributing
federal political committee.

C

Name of Employer
KELLEY DRYE & WARREN

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13113302

Amount of Each Receipt this Period

84.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA W. ANDERSON

Mailing Address 1502 KIRKWOOD DR

City

MURRAY

State

KY

Zip Code

42071-3223

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARYCALLAWAY COUNTY HOSP

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122577

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. REAGAN M. ANDERSON

Mailing Address 1101 SOUTH ROLFE STREET

City

ARLINGTON

State

VA

Zip Code

22204-4745

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIVATE EQUITY COUNCIL

Occupation

ASSISTANT VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11.13115730

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

684.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TRAVIS L. ANDERSON

Mailing Address 351 RIVERSIDE DR

City

MOUNT AIRY

State

NC

Zip Code

27030-3877

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098318

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EDITH E. ANDRADE

Mailing Address 18840 N BAY RD

City

MIAMI

State

FL

Zip Code

33160-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13147119A

Amount of Each Receipt this Period

250.00

CONTRIBUTION

CHARGED BACK \$250.00 ON
09/29/2009

C.

Full Name (Last, First, Middle Initial)

DR. EDITH E. ANDRADE

Mailing Address 18840 N BAY RD

City

MIAMI

State

FL

Zip Code

33160-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13147119B

Amount of Each Receipt this Period

-250.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. EVELYN M. ANDRESEN

Mailing Address 3276 ROSSMOOR PARKWAY
APARTMENT 3

City State Zip Code
WALNUT CREEK CA 94595-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108160

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN G. ANDREW

Mailing Address 330 PINE CREEK DR

City State Zip Code
FRIENDSWOOD TX 77546-6419

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHURCHILL EVALUATION CENT-
ER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107122

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PAUL E. ANDREWS

Mailing Address 700 JENKINS ROAD

City State Zip Code
ALEDO TX 76008-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.T.I. INC.

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133529

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. R. DAN ANGELL

Mailing Address 465 LANTANA STREET

City

NIPOMO

State

CA

Zip Code

93444-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097590

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

COL JAMES W. ANNIS

Mailing Address 2226 E SAN CARLOS PL

City

CHANDLER

State

AZ

Zip Code

85249-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094935

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WAYNE H. APER

Mailing Address 4231 NE 16TH TERRACE

City

OAKLAND PARK

State

FL

Zip Code

33334-5413

FEC ID number of contributing
federal political committee.

C

Name of Employer
H AND R BLOCK

Occupation
TAX ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127319

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOSE G. ARAUJO

Mailing Address 2420 S. GRAYLOG LN.

City

NEW BERLIN

State

WI

Zip Code

53151-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PATHOLOGY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102100

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SAMUEL ARGUINZONI

Mailing Address 123 SEABREEZE WAY

City

KEANSBURG

State

NJ

Zip Code

07734-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116942

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES J. ARMBRUSTER

Mailing Address 8204 9 1/4 AVENUE

City

HANFORD

State

CA

Zip Code

93230-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127488

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD L. ARMFIELD

Mailing Address 1329 CHEROKEE BLVD

City

KNOXVILLE

State

TN

Zip Code

37919-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL ALLIAN-
CE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091492

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES O. ARMSTRONG

Mailing Address 9911 LUCAS ROAD

City

WOODSTOCK

State

IL

Zip Code

60098-7443

FEC ID number of contributing
federal political committee.

C

Name of Employer

JAMES ARMSTRONG & ASSOC.,
INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108798

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NED B. ARMSTRONG

Mailing Address 4055 JOHNS CREEK PKWY
STE A

City

SUWANEE

State

GA

Zip Code

30024-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRIVATE CORPORATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094082

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RALPH B. ARMSTRONG

Mailing Address 3408 MEDICAL PARK DRIVE

City

MONROE

State

LA

Zip Code

71203-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096328

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. WANDA B. ARMSTRONG

Mailing Address 547 RYAN CIR

City

COOKEVILLE

State

TN

Zip Code

38501-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124831

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. ARNAUD

Mailing Address 58410 LINDSAY LN

City

WARREN

State

OR

Zip Code

97053-9303

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125834

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID H. ASBURY

Mailing Address 4433 JETT RD.

City

ATLANTA

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN BENEFIT CORP-
ORATI

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102085

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID H. ASBURY

Mailing Address 4433 JETT RD.

City

ATLANTA

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN BENEFIT CORP-
ORATI

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112628

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID H. ASBURY

Mailing Address 4433 JETT RD.

City

ATLANTA

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN BENEFIT CORP-
ORATI

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125397

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JUDITH J. ASHCRAFT

Mailing Address 4621 HEATHER DR SW
STE 322City State Zip Code
ROANOKE VA 24018-1995FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: SA11.13122642

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MYRA J. ASPLUNDH

Mailing Address P.O. BOX 11

City State Zip Code
BRYN ATHYN PA 19009-0011FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	9

Transaction ID: SA11.13116114

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NIZAR ASSI

Mailing Address 270 MAPLE SUMMIT RD

City State Zip Code
JERSEYVILLE IL 62052-2004FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	9

Transaction ID: SA11.13104841

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BROADUS ATKINS

Mailing Address 508 FULTON ST

City

DURHAM

State

NC

Zip Code

27705-3875

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104843

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. KATHRYN ATKINSON

Mailing Address 2243 WARD ROAD

City

COLUMBUS

State

OH

Zip Code

43224-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113452

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. KATHRYN ATKINSON

Mailing Address 2243 WARD ROAD

City

COLUMBUS

State

OH

Zip Code

43224-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113533

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES K. ATON

Mailing Address 4485 COLUMBIA RD

City

AUGUSTA

State

GA

Zip Code

30907-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099754

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EUGENE V. AUNTINO

Mailing Address 411 W RANDOLPH RD

City

HOPEWELL

State

VA

Zip Code

23860-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119587

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SUSAN H. AUSTIN

Mailing Address PO BOX 666

City

CLINTON

State

SC

Zip Code

29325-0666

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

BUSINESS OWNER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105435

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. W AUSTIN

Mailing Address 220 J L WHITE DR STE 100

City

JASPER

State

GA

Zip Code

30143-4894

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094150

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARY A. AUSUM

Mailing Address 3706 CREEKSIDE CT

City

ANN ARBOR

State

MI

Zip Code

48105-9570

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

DENTIST

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127425

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FRANKLIN U. AUTRY

Mailing Address 9553 BELLA TERRA DRIVE

City

FORT WORTH

State

TX

Zip Code

76126-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118240

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES AVALONE

Mailing Address 8 SIMONE TER

City

WEBSTER

State

NY

Zip Code

14580-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13106978

Amount of Each Receipt this Period

55.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GAYLE O. AVERYT

Mailing Address P.O. BOX 1365
SUITE SC 443

City

COLUMBIA

State

SC

Zip Code

29202-1365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125939

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY K. AVINGER

Mailing Address PO BOX 629

City

SANTEE

State

SC

Zip Code

29142-0629

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110000

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS B. AVRIL

Mailing Address 6275 PARK RD.

City

CINCINNATI

State

OH

Zip Code

45243-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107379

Amount of Each Receipt this Period

510.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CAPT. ROBERT R. AYERS

Mailing Address 1300 FAIRWAY VILLAGE DR

City

ORANGE PARK

State

FL

Zip Code

32003-8398

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099136

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HERMAN AYVAZIAN

Mailing Address 450 VETERANS MEML PARKWAY BLDG 12

City

EAST PROVIDENCE

State

RI

Zip Code

02914-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123716

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099137

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099261

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100535

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13110258

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13110322

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116564

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	9	

Transaction ID: SA11.13117518

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BRUCE BABCOCK

Mailing Address 317 PALMOR DR

City

OTTAWA

State

IL

Zip Code

61350-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: SA11.13130622

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. VERLYN W. BAER

Mailing Address 203 QUINELLE DR

City

PERRY

State

GA

Zip Code

31069-3772

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAY & ASSOC. INCOccupation
METEROLOGY TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	9	

Transaction ID: SA11.13122659

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. REBECCA BAEREGEN

Mailing Address 520 E 70TH ST

City

NEW YORK

State

NY

Zip Code

10021-9800

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098313

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. TERESA D. BAGWELL

Mailing Address 397 CREEKWOOD DR

City

UNION GROVE

State

AL

Zip Code

35175-7992

FEC ID number of contributing
federal political committee.

C

Name of Employer
REFUSED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REFUSED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124987

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. AZAM BAIG

Mailing Address 224 MAYO RD
SUITE A

City

EDGEWATER

State

MD

Zip Code

21037-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095678

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LARRY BAILEY

Mailing Address 13014 BLOSSOMHEATH RD

City

CYPRESS

State

TX

Zip Code

77429-2276

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALL-RITE SHEET METAL

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122923

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WARRAN BAILEY

Mailing Address 2656 WILLOW CREEK TRAIL

City

COOL

State

CA

Zip Code

95614-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCKHEED MARTIN

Occupation
SYSTEM ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 9

Transaction ID: SA11.13098002

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WARRAN BAILEY

Mailing Address 2656 WILLOW CREEK TRAIL

City

COOL

State

CA

Zip Code

95614-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCKHEED MARTIN

Occupation
SYSTEM ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124905

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES BAIRD

Mailing Address 217 BAIRD LN

City

WINDTHORST

State

TX

Zip Code

76389-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
VFC MGMT.

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122662

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY H. BAIRD

Mailing Address 22236 WOODLAWN AVE

City

BROOKSVILLE

State

FL

Zip Code

34601-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115779

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY H. BAIRD

Mailing Address 22236 WOODLAWN AVE

City

BROOKSVILLE

State

FL

Zip Code

34601-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116365

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY H. BAIRD

Mailing Address 22236 WOODLAWN AVE

City

BROOKSVILLE

State

FL

Zip Code

34601-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130041

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BERNARD N. BAKER

Mailing Address 63 TRANQUIL TRAIL

City

DAYTON

State

OH

Zip Code

45459-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108093

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLENN BAKER

Mailing Address P.O. BOX 123470

City

FORT WORTH

State

TX

Zip Code

76121-3470

FEC ID number of contributing
federal political committee.

C

Name of Employer
DGB GLASS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100478

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LOUIS G. BALDWIN

Mailing Address 810 HOUSTON STREET
SUITE 2000

City State Zip Code
FORT WORTH TX 76102-6223

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROSS TIMBERS OIL & COMPA-
NY

Occupation
SENIOR VICE PRESIDENT/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133537

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MINA L. BALKEMA

Mailing Address 8560 PAW PAW LAKE DR

City State Zip Code
SCHOOLCRAFT MI 49087-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112100

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DONNA J. BALLARD

Mailing Address 1880 CUTLASS COVE DR

City State Zip Code
VERO BEACH FL 32963-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124913

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY P. BALLING

Mailing Address 2500 BAUERNSCHMIDT DR

City

BALTIMORE

State

MD

Zip Code

21221-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106147

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PETER E. BALSAM

Mailing Address 4987 S WASHINGTON AVE

City

TITUSVILLE

State

FL

Zip Code

32780-7307

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094086

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. AGUSTINA BALUYOT

Mailing Address 2380 GRANDVIEW DR

City

FORT MITCHELL

State

KY

Zip Code

41017-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119543

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALLEN BARCLAY

Mailing Address 1153 SECRET LAKE LOOP

City

LINCOLN

State

CA

Zip Code

95648-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102787

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. C STUART BARKLEY

Mailing Address 16 SHAW COURT

City

ST. CHARLES

State

MO

Zip Code

63304-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134145

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM I. BARKLEY, JR.

Mailing Address 809 UNIVERSITY DR

City

CARTHAGE

State

TX

Zip Code

75633-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098681

Amount of Each Receipt this Period

12.50

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

287.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM I. BARKLEY, JR.

Mailing Address 809 UNIVERSITY DR

City

CARTHAGE

State

TX

Zip Code

75633-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13105300

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CAROLYN BARNETT

Mailing Address 1850 GRANATO DRIVE W.

City

SEMMES

State

AL

Zip Code

36575-7430

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122546

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANKLIN M. BARNETT

Mailing Address 6700 W 87TH ST

City

LOS ANGELES

State

CA

Zip Code

90045-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
AIRLINE BAGGAGE CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123110

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY B. BARNES

Mailing Address P.O. BOX 99

City

JONAS RIDGE

State

NC

Zip Code

28641-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095300

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS E. BARNHART

Mailing Address 10760 THORN MINT ROAD

City

SAN DIEGO

State

CA

Zip Code

92127-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOUGLAS E. BARNHART, INC.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125937

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY B. BARNES

Mailing Address P.O. BOX 99

City

JONAS RIDGE

State

NC

Zip Code

28641-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128112

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SUSAN BARR

Mailing Address 4299 S 75 W

City

LA PORTE

State

IN

Zip Code

46350-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112286

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ANGELIQUE BARRETO

Mailing Address 3075W MEMORIAL DR
SUITE 601

City

OKLAHOMA CITY

State

OK

Zip Code

73134-0903

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098305

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN F. BARRETT

Mailing Address 9300 SHAWNEE RUN ROAD

City

CINCINNATI

State

OH

Zip Code

45243-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN SOUTHERN LIFE INS-
URANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

C.E.O.

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104984

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JUAN C. BARRERA

Mailing Address 500 SEYMOUR AVE

City

SCRANTON

State

PA

Zip Code

18505-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
NADDIN & JONES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095639

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JUAN C. BARRERA

Mailing Address 500 SEYMOUR AVE

City

SCRANTON

State

PA

Zip Code

18505-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
NADDIN & JONES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121262

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL L. BARRINGER

Mailing Address 200 W GROVER ST

City

SHELBY

State

NC

Zip Code

28150-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123659

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HERMAN R. BARROS

Mailing Address 1831 SHERER LANE

City

GLENDAL

State

CA

Zip Code

91208-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102479

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERTA BARRON

Mailing Address 180 EAST PEARSON STREET APT 3507

City

CHICAGO

State

IL

Zip Code

60611-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH BARRY

Mailing Address 320 OBIE ROAD

City

NEWMANSTOWN

State

PA

Zip Code

17073-9209

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127591

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM DALLAS BARTRAN

Mailing Address 2619 BISON ROAD

City

FORT COLLINS

State

CO

Zip Code

80525-3574

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123503

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GORDON BASFORD

Mailing Address 3103 STARGATE CT

City

HOUSTON

State

TX

Zip Code

77068-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOOD GROUP PRATT & WHITNEY

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110013

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES L. BASHAW

Mailing Address 11418 ALGONQUIN DR

City

PINCKNEY

State

MI

Zip Code

48169-9524

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLB AND ASSOCIATES INC.

Occupation
INVESTMENT COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11.13105381

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. CAROLINE BASS

Mailing Address 100 CHRISTWOOD BLVD.
APT 145

City State Zip Code
COVINGTON LA 70433-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114353

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ROCHELLE H. BAST

Mailing Address 3704 N LAKE DR

City State Zip Code
SHOREWOOD WI 53211-2646

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112133

Amount of Each Receipt this Period

55.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

PROF. BARRY L. BATES

Mailing Address 4552 HAGERMAN ROAD

City State Zip Code
POTTSBORO TX 75076-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
RUNNING B. RANCH

Occupation
OWNER/C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099112

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PROF. BARRY L. BATES

Mailing Address 4552 HAGERMAN ROAD

City

POTTSBORO

State

TX

Zip Code

75076-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
RUNNING B. RANCH

Occupation

OWNER/C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107835

Amount of Each Receipt this Period

10.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ALLEN BAUDENDISTEL

Mailing Address 2931 DEVONDALE PLACE

City

SAINT LOUIS

State

MO

Zip Code

63131-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127022

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MOHAMMED H. BAWANY

Mailing Address 3211 S JOHN YOUNG PARKWAY

City

KISSIMMEE

State

FL

Zip Code

34746-6551

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100555

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BURKE B. BAYER

Mailing Address 736 CRESTLINE DR.

City

MANHATTAN

State

KS

Zip Code

66502-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYER CONST. CO.

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097098

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT S. BAYER

Mailing Address 180 CARPENTER AVE

City

MIDDLETOWN

State

NY

Zip Code

10940-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
TECHNI-SERVE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098471

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT S. BEADLE

Mailing Address 8620 WILLOW WIND

City

BOERNE

State

TX

Zip Code

78015-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113280

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DENNIS N. BEAL

Mailing Address 1 GAVINA

City

DANA POINT

State

CA

Zip Code

92629-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098625

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HAROLD D. BEALS

Mailing Address 475 N HICKORY ST

City

PLATTEVILLE

State

WI

Zip Code

53818-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13114218

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HAROLD D. BEALS

Mailing Address 475 N HICKORY ST

City

PLATTEVILLE

State

WI

Zip Code

53818-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129719

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CAROL S. BEAM

Mailing Address P.O. BOX 233

City

DEXTER

State

MO

Zip Code

63841-0233

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124067

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LEE A. BEAMAN

Mailing Address 1525 BROADWAY

City

NASHVILLE

State

TN

Zip Code

37203-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAMAN PONTIAC

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13113290

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PEARL BEAN

Mailing Address 501 TRINITY CT

City

EVANSTON

State

IL

Zip Code

60201-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121739

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD R. BEAUCHEMIN

Mailing Address 70 WESTCARE DR
SUITE 403

City State Zip Code
SYLVA NC 28779-5279

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098427

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. EMMA L. BECK

Mailing Address 3736 ENCINAL AVENUE

City State Zip Code
LACRESCENTA CA 91214-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099108

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. EMMA L. BECK

Mailing Address 3736 ENCINAL AVENUE

City State Zip Code
LACRESCENTA CA 91214-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101839

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. EMMA L. BECK

Mailing Address 3736 ENCINAL AVENUE

City

LACRESCENTA

State

CA

Zip Code

91214-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118619

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. EMMA L. BECK

Mailing Address 3736 ENCINAL AVENUE

City

LACRESCENTA

State

CA

Zip Code

91214-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123121

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EUGENE W. BECKER

Mailing Address 1008 S LOGAN ST APT 12
APARTMENT 12

City

LENA

State

IL

Zip Code

61048-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099095

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EUGENE W. BECKER

Mailing Address 1008 S LOGAN ST APT 12
APARTMENT 12

City State Zip Code
LENA IL 61048-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100779

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE W. BECKER

Mailing Address 1008 S LOGAN ST APT 12
APARTMENT 12

City State Zip Code
LENA IL 61048-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112623

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EUGENE W. BECKER

Mailing Address 1008 S LOGAN ST APT 12
APARTMENT 12

City State Zip Code
LENA IL 61048-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113376

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH F. BECKER

Mailing Address 11969 195TH ST

City

CERRITOS

State

CA

Zip Code

90703-7548

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEAN FOODS OF CALIF

Occupation

ICE CREAM MANUFACTURING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113162

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH F. BECKER

Mailing Address 11969 195TH ST

City

CERRITOS

State

CA

Zip Code

90703-7548

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEAN FOODS OF CALIF

Occupation

ICE CREAM MANUFACTURING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124917

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANITA BECKY

Mailing Address 6500 E 6TH AVE

City

DENVER

State

CO

Zip Code

80220-6027

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124902

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CLAY P. BEDFORD, JR.

Mailing Address 557 US HIGHWAY 202

City

BARRINGTON

State

NH

Zip Code

03825-4106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120692

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID K. BEECKEN

Mailing Address 131 S DEARBORN ST
STE 2800

City

CHICAGO

State

IL

Zip Code

60603-5581

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEECKEN PETTY O'KEEFE

Occupation
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127813

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. STACIE R. BEHLER

Mailing Address 7139 SOUTH SCENIC DRIVE

City

NEW ERA

State

MI

Zip Code

49446-8005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEIJER INC.

Occupation
DIRECTOR OF GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125958

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DON BELFORD

Mailing Address 9135 GLADE VALLEY RD

City

ENNICE

State

NC

Zip Code

28623-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112880

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES H. BELL, JR.

Mailing Address P.O. BOX 430

City

MINERAL

State

VA

Zip Code

23117-0430

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOUISA AERIAL SURVEYS INC.Occupation
PHOTOGRAPHY & MAPPING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125687

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RUSSELL P. BELL

Mailing Address 1716 SHENANDOAH DRIVE

City

VIDALIA

State

GA

Zip Code

30474-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer
HANDY ANDY BUILDING SUPPLYOccupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128667

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PHILIP E. BENANTI

Mailing Address 16 AVENUE T

City

BROOKLYN

State

NY

Zip Code

11223-3421

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107398

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JULINE BENEMILE

Mailing Address P.O. BOX 29

City

BLOOMFIELD

State

NJ

Zip Code

07003-0029

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE FIL-AM INSURANCE AGEN-
CY INC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INSURANCE AGENT

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121907

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

SUSAN BENES

Mailing Address 262 NEIL AVE
210

City

COLUMBUS

State

OH

Zip Code

43215-7318

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094363

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. TERRY M. BENGARD

Mailing Address 955 OLD STAGE RD.

City

SALINAS

State

CA

Zip Code

93908-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125618

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD J. BENICASA

Mailing Address 53 S WASHINGTON STREET
APARTMENT 3N

City

TARRYTOWN

State

NY

Zip Code

10591-3942

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO NORTH RR

Occupation

RAILROAD WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116903

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JACK H. BENJAMIN

Mailing Address P.O. BOX 331489

City

NASHVILLE

State

TN

Zip Code

37203-7514

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13115729

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BOBBIE JEAN BENNETT

Mailing Address 3175 HEARN ROAD NW

City

MONROE

State

GA

Zip Code

30656-4373

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11.13112061

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAIME BENREY

Mailing Address 6624 FANNIN ST
STE 2310

City

HOUSTON

State

TX

Zip Code

77030-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: SA11.13105398

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS LOUELLA F. BENSON

Mailing Address P.O. BOX 11491

City

ALEXANDRIA

State

VA

Zip Code

22312-0491

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Transaction ID: SA11.13118498

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA G. BERAN

Mailing Address 11700 E 51ST STREET S.

City

DERBY

State

KS

Zip Code

67037-8416

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112841

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EDWARD J. BERMAN

Mailing Address 1141 W REDONDO BEACH BLVD
206

City

GARDENA

State

CA

Zip Code

90247-3584

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094148

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN BERNEY

Mailing Address 352 INDUSTRIAL PKWY., SUITE 4

City

IMLAY CITY

State

MI

Zip Code

48444

FEC ID number of contributing
federal political committee.

C

Name of Employer
HTFLLC

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111991

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA B. BERNHART

Mailing Address 2510 SCOVILLE RD

City

GRANTS PASS

State

OR

Zip Code

97526-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118804

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. BARBARA B. BERNHART

Mailing Address 2510 SCOVILLE RD

City

GRANTS PASS

State

OR

Zip Code

97526-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124934

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. GAIL W. BERRALL

Mailing Address 4115 WOODSIDE DRIVE

City

HARRISONBURG

State

VA

Zip Code

22801-2365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121944

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS G. BERREY

Mailing Address 41065 MEADOW DR

City

THREE RIVERS

State

CA

Zip Code

93271-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105705

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BRADLEY BERRY

Mailing Address 500 W BROADWAY ST
SUITE 320

City

MISSOULA

State

MT

Zip Code

59802-4031

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107412

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DANIEL L. BERRY

Mailing Address 491 GOLF VIEW DRIVE

City

DOTHAN

State

AL

Zip Code

36301-7819

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWITCHELL COPORATION

Occupation
IT PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091586

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. BERRY

Mailing Address 12001 PEACH RD

City

PAMPA

State

TX

Zip Code

79065-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
TITAN SPECIALTIES, LTD.

Occupation

PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13102023

Amount of Each Receipt this Period

570.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JERRY BERTOLINI

Mailing Address 202 N HAMMES AVE UNIT D

City

JOLIET

State

IL

Zip Code

60435-8136

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123729

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MATTHEW BETTAG

Mailing Address 1520 N MEADE ST

City

APPLETON

State

WI

Zip Code

54911-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125470

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KARL F. BETZ, JR.

Mailing Address 1780 OLD WOODS COURT NE

City

ADA

State

MI

Zip Code

49301-9695

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETZ INDUSTRIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100150

Amount of Each Receipt this Period

570.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM BETZ

Mailing Address 1203 W. 33RD PL.

City

CHICAGO

State

IL

Zip Code

60608-6459

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RADIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099860

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LEE W. BEVILLE

Mailing Address 4212 TIMBERGLEN PL

City

MIDLAND

State

TX

Zip Code

79707-1483

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098459

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5870.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FREDERICK J. BEYNE

Mailing Address 4708 MALLARD VIEW DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46226-2187

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120470

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FREDERICK J. BEYNE

Mailing Address 4708 MALLARD VIEW DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46226-2187

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121941

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVENDER BHARDWAJ

Mailing Address 2200 FORT JESSE RD
280

City

NORMAL

State

IL

Zip Code

61761-6289

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLOOMINGTON RADIOLOGY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091488

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. VENUGOPALA S. BHEEMANATHINI

Mailing Address 522 E 11TH ST #2

City

ANNISTON

State

AL

Zip Code

36207-4770

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVID ZINN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096738

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL BIENENFELD

Mailing Address 1505 SW CARY PKWY
STE 308

City

CARY

State

NC

Zip Code

27511-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096682

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HIRAM A. BINGHAM

Mailing Address 149 WEAVER ST
3RD FL

City

GREENWICH

State

CT

Zip Code

06831-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112253

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HIRAM A. BINGHAM

Mailing Address 149 WEAVER ST
3RD FL

City State Zip Code
GREENWICH CT 06831-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120514

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARY G. BIRD

Mailing Address 8827 LA ENTRADA AVENUE

City State Zip Code
WHITTIER CA 90605-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100263

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM C. BIRD

Mailing Address 3997 BECKLEY RD

City State Zip Code
PRINCETON WV 24740-7660

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119532

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JERALD D. BISHOP

Mailing Address 28001 COUNTY ROAD 178
PRAIRIE TIMES

City State Zip Code
DEER TRAIL CO 80105-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRAIRIE TIMES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105760

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERALD D. BISHOP

Mailing Address 28001 COUNTY ROAD 178
PRAIRIE TIMES

City State Zip Code
DEER TRAIL CO 80105-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRAIRIE TIMES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124029

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY E. BISSETTE

Mailing Address 2542 VIRGINIA ROAD

City State Zip Code
EDENTON NC 27932-8015

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107729

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES V. BITNER

Mailing Address P.O. BOX 610

City

ROCKPORT

State

ME

Zip Code

04856-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124851

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PAUL BIZZIGOTTI

Mailing Address 8872 PROFESSIONAL DR STE B

City

CADILLAC

State

MI

Zip Code

49601-8482

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124786

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID H. BLACKHAM

Mailing Address 1 W MAIN ST.

City

MOUNT PLEASANT

State

UT

Zip Code

84647-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
SKYLINE PHARMACY

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111073

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES E. BLACKBURN

Mailing Address 3131 OLD EDWARDS RD

City

FORT PIERCE

State

FL

Zip Code

34981-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099717

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD E. BLACKWELL

Mailing Address 343 OLD HILLMAN BLDG

City

BIRMINGHAM

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123694

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS J. BLAGG

Mailing Address 1204 W UNIVERSITY DR
STE 202

City

DENTON

State

TX

Zip Code

76201-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer
EIX LOGISTICS, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122535

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BETTY J. BLAKLEY

Mailing Address 1562 OLD HIGHWAY 35 N

City

LIVINGSTON

State

TX

Zip Code

77351-3972

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129024

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERRY BLANKENSHIP

Mailing Address 2610 PECAN MEADOW DR

City

GARLAND

State

TX

Zip Code

75040-3977

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAVTI CONTROL, INC CARROL-
LTON TXOccupation
SECURITY GUARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097044

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT P. BLEREAU

Mailing Address 1122 8TH ST

City

MORGAN CITY

State

LA

Zip Code

70380-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096989

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT P. BLEREAU

Mailing Address 1122 8TH ST

City

MORGAN CITY

State

LA

Zip Code

70380-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124050

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN BLICKENSDETFER

Mailing Address 1901 JOHN F KENNEDY BLVD APT 2518

City

PHILADELPHIA

State

PA

Zip Code

19103-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116823

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. J BOBBITT

Mailing Address 33 LAKE CONCORD RD NE

City

CONCORD

State

NC

Zip Code

28025-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120681

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. VATO BOCHORISHVILI

Mailing Address 800 GOODLETTE RD N #370

City

NAPLES

State

FL

Zip Code

34102-5448

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123637

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARIA BODEA

Mailing Address 404 WESTWOOD AVE. STE. 207

City

HIGH POINT

State

NC

Zip Code

27262-4316

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102101

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BRADLEY A. BODNER

Mailing Address 12651 W SUNRISE BLVD 302

City

FORT LAUDERDALE

State

FL

Zip Code

33323-0906

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119546

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. MICHAEL BOERNER

Mailing Address **44 SUNSET PKWY**

City State Zip Code
ASHEVILLE NC 28801-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
**ASHEVILLE RADIOLOGY ASSOC-
 IATES**

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 28 / 2009

Transaction ID: SA11.13122362

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. LARRY BOES

Mailing Address **4235 E COUNTRYVIEW DR**

City State Zip Code
BYRON IL 61010-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 29 / 2009

Transaction ID: SA11.13124999

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ALEKSEY BOGDANOV

Mailing Address **8200 OCEANVIEW TER.
 APT. 202**

City State Zip Code
SAN FRANCISCO CA 94132-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
 BEST EFFORTS**

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 08 / 2009

Transaction ID: SA11.13098530

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LYNN BOGH

Mailing Address 13861 MUSTARD SEED DR

City

YUCAIPA

State

CA

Zip Code

92399-7049

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13104427

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BARRY A. BOGUE

Mailing Address 25415 12TH AVE NW

City

STANWOOD

State

WA

Zip Code

98292-9235

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122465

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM W. BOHNERT, M.D.

Mailing Address 10117 N 92ND ST
103

City

SCOTTSDALE

State

AZ

Zip Code

85258-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARIZONA UROLOGY SPECIALIS-
TS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

UROLOGIST

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123202

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WAYNE MICHAEL BOICH, JR.

Mailing Address 17 S HIGH STREET
SUITE 1220

City State Zip Code
COLUMBUS OH 43215-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOICH COMPANIES

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2009

Transaction ID: SA11.13110172

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. E BOLD

Mailing Address 9500 MENTOR AVE # 200

City State Zip Code
MENTOR OH 44060-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11.13096737

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID L. BOLE

Mailing Address 1265 RIDGEWOOD PLACE

City State Zip Code
HOUSTON TX 77055-5083

FEC ID number of contributing
federal political committee.

C

Name of Employer
QUANTUM ENERGY PARTNERS

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11.13125931

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TERRY BOLTINGHOUSE

Mailing Address PO BOX 328

City

MENDON

State

UT

Zip Code

84325-0328

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11.13111262

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES K. BONHAM, SR.

Mailing Address 477 BONNIEVILLE RD

City

STILLWATER

State

PA

Zip Code

17878-9211

FEC ID number of contributing
federal political committee.

C

Name of Employer
BONHAM NURSING REHABILITA-
TION CENTEROccupation
ADMINISTRATOR/OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13095692

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN F. BONSIB

Mailing Address 2911 LITTLE RIVER RUN

City

FORT WAYNE

State

IN

Zip Code

46804-2576

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13101054

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL W. BOOS

Mailing Address 4640 AMBASSADOR CAFFERY PKWY

City

LAFAYETTE

State

LA

Zip Code

70508-6902

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123611

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LENNART BORGSTROM

Mailing Address 6 BATES CT

City

WILLIAMSBURG

State

VA

Zip Code

23188-6447

FEC ID number of contributing
federal political committee.

C

Name of Employer
LENCO INTERNATIONAL, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101526

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LOURDES BOSCH

Mailing Address 351 NW 42ND AVE
401

City

MIAMI

State

FL

Zip Code

33126-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112792

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOSEPH BOSCIA

Mailing Address 1091 BOILING SPRINGS RD

City

SPARTANBURG

State

SC

Zip Code

29303-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPSTATE LUNG AND CRITICAL
CARE MEDICINOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122365

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CATHERINE K. BOSHAW

Mailing Address 3320 WEST LAKE SAMMAMISH PKWY NE

City

REDMOND

State

WA

Zip Code

98052-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13117769

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NELSON G. BOTWINICK

Mailing Address 19 BEEKMAN ST. 6TH FLR.

City

NEW YORK

State

NY

Zip Code

10038-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13095643

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARTIN H. BOUDREAUX

Mailing Address 504 MONTEIGNE DR

City

LAFAYETTE

State

LA

Zip Code

70506-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101194

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARTIN H. BOUDREAUX

Mailing Address 504 MONTEIGNE DR

City

LAFAYETTE

State

LA

Zip Code

70506-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112966

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ANTHONY JOHN BOWDLER

Mailing Address 4609 SAWGRASS DRIVE E.

City

ANN ARBOR

State

MI

Zip Code

48108-8644

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124824

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. SHARON A. BOWLER

Mailing Address **1603 MORNING SUN AVE.**

City State Zip Code
WALNUT CA 91789-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer
DYNAMIC REALTY

Occupation
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 01 / 2009

Transaction ID: SA11.13091773

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ANDREW C. BOWLING

Mailing Address **7634 ASHCREST LN**

City State Zip Code
DALLAS TX 75249-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2009

Transaction ID: SA11.13115676

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. BONNIE J. BOYD

Mailing Address **11112 PROUTY ROAD #A**

City State Zip Code
PAINSVILLE OH 44077-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMYTHE, CRAMER COMPANY

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 09 / 2009

Transaction ID: SA11.13104988

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JUANITA BOYD

Mailing Address 527 GAME FARM ROAD

City

RUTLEDGE

State

TN

Zip Code

37861-4239

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123783

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL E. BOYER

Mailing Address 7147 DRIFTWOOD DR., SE

City

ADA

State

MI

Zip Code

49301-7890

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEIJER INC.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125955

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FRANCES BOYETTE

Mailing Address 1725 PINE ST

City

MONTGOMERY

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100489

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CECIL K. BOYT

Mailing Address 6675 WOODRIDGE LANE

City

BEAUMONT

State

TX

Zip Code

77706-4242

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127119

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. FRANCISCO BRACAMONTES

Mailing Address 1200 E SAVANNAH AVE. STE. 20

City

MCALLEN

State

TX

Zip Code

78503-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119544

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. E BOONE BRACKETT

Mailing Address 1125 WESTGATE STREET

City

OAK PARK

State

IL

Zip Code

60301-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100499

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SUSAN D. BRADFORD

Mailing Address 7920 ALEXANDER RD

City

CHARLOTTE

State

NC

Zip Code

28270-0860

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112272

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DENNIS BRADY

Mailing Address 1455 OCEAN DRIVE

City

MIAMI BEACH

State

FL

Zip Code

33139-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105724

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. H. BRAGGER

Mailing Address 19 BEVERLY ANN DR

City

HOPE VALLEY

State

RI

Zip Code

02832-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13129956

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS BRAGG

Mailing Address 1517 UNION AVE STE A

City

MOBERLY

State

MO

Zip Code

65270-9471

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096667

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KENNETH W. BRAMLETT

Mailing Address 200 MONTGOMERY HIGHWAY

City

BIRMINGHAM

State

AL

Zip Code

35216-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100485

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE E. BRANDSMA

Mailing Address 1303 SHADY CREEK DR.

City

EULESS

State

TX

Zip Code

76040-5957

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112836

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 / 1070
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ROMA JEAN BRAUTIGAM

Mailing Address 11077 RUNKLE ROAD

City

SAINT PARIS

State

OH

Zip Code

43072-9678

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124898

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DARLENE B. BREEN

Mailing Address 6968 BECKETT CT

City

DAYTON

State

OH

Zip Code

45459-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLDWELL BANKER HERITAGE
REALTORSOccupation
REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: SA11.13112662

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CAROLYN L. BREHM

Mailing Address 6613 RIVER TRAIL CT.

City

BETHESDA

State

MD

Zip Code

20817-4324

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROCTER & GAMBLEOccupation
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099993

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID BREIDINGER

Mailing Address 196 HILLTOP DRIVE

City

CHURCHVILLE

State

PA

Zip Code

18966-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMCAST CORPORATION

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115723

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. SYLVIA BREWINGTON

Mailing Address 1001 CANNONBURY COMMONS

City

VIRGINIA BEACH

State

VA

Zip Code

23452-6156

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119570

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE A. BRICKERT

Mailing Address 2301 N. REISWIG ROAD

City

POST FALLS

State

ID

Zip Code

83854-8363

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAB INK

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091552

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1635.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT A. BRIGGS

Mailing Address P.O. BOX 888

City

INDEPENDENCE

State

KS

Zip Code

67301-0888

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125506

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FRED L. BRIGHTMAN

Mailing Address 12526 319TH AVENUE

City

PRINCETON

State

MN

Zip Code

55371-3324

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

AUTO RESTORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123473

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DOUGLAS BRINDLEY

Mailing Address 20 3RD AVE.

City

SOUTHERN SHORES

State

NC

Zip Code

27949-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRINDLEY BEACH VACATIONS

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096021

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRUCE E. BRINER

Mailing Address 12700 N 1ST ST

City

PARKER

State

CO

Zip Code

80134-9429

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113867

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT A. BRISKIN

Mailing Address 210 JUPITER LAKES BLVD
STE. 3205

City

JUPITER

State

FL

Zip Code

33458-7189

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099704

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GARY L. BROADRICK

Mailing Address 144 SUMMERS BAY DR

City

RIDGELAND

State

MS

Zip Code

39157-9274

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123687

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JANE E. BROCKMAN

Mailing Address 76 PLUMLEY RD

City

CUTTINGSVILLE

State

VT

Zip Code

05738-9321

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097038

Amount of Each Receipt this Period

12.50

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DARWIN BROENEN

Mailing Address 7532 CHAPELHILL DRIVE

City

ORLANDO

State

FL

Zip Code

32819-5072

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120173

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MILLARD C. BROOKS

Mailing Address 1336 CREEKSIDE BLVD
1

City

NAPLES

State

FL

Zip Code

34108-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120675

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

362.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CHAD L. BROOME-WEBSTER

Mailing Address 1070 N STONE ST STE B

City

DELAND

State

FL

Zip Code

32720-0824

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123641

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LESLIE BROUSSARD

Mailing Address 14360 SUNRISE WAY

City

SAINT FRANCISVILLE

State

LA

Zip Code

70775-7322

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110029

Amount of Each Receipt this Period

350.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ALAN S. BROWN

Mailing Address EDWARD HART HOSPITAL
801 S WASHINGTON FL 4

City

NAPERVILLE

State

IL

Zip Code

60540-7430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST HEART SPECIALISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122361

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES A. BROWN

Mailing Address 14302 SPRING MAPLE

City

HOUSTON

State

TX

Zip Code

77062-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121982

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID A. BROWN

Mailing Address 770 BALGREEN DR STE 107

City

MANSFIELD

State

OH

Zip Code

44906-4106

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCENTRAL HEALTHCARE SYS-
TEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098424

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANKIE CAROLL BROWNING

Mailing Address 3707 EL CORDERO RANCH SPRINGS

City

MARTINEZ

State

GA

Zip Code

30907-4929

FEC ID number of contributing
federal political committee.

C

Name of Employer
TROY UNIVERSITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PROFESSOR

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101675

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRANKIE CAROLL BROWNING

Mailing Address 3707 EL CORDERO RANCH SPRINGS

City

MARTINEZ

State

GA

Zip Code

30907-4929

FEC ID number of contributing
federal political committee.

C

Name of Employer
TROY UNIVERSITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108987

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARLAN L. BROWN

Mailing Address 100662 COUNTY ROAD 16

City

MITCHELL

State

NE

Zip Code

69357-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119839

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN W. BROWN

Mailing Address 121 HEADWATER CIR

City

IRMO

State

SC

Zip Code

29063-8634

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098418

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JUDITH BROWN

Mailing Address 10384 LA CEBRA AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098652

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JUDITH BROWN

Mailing Address 10384 LA CEBRA AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099453

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JUDITH BROWN

Mailing Address 10384 LA CEBRA AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121612

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PAUL E. BROWN

Mailing Address 301 MED TECH PKWY

City

JOHNSON CITY

State

TN

Zip Code

37604-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095640

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT T. BROWN

Mailing Address 2413 EMERALD LAKE DR
APT 206

City

SUN CITY CENTER

State

FL

Zip Code

33573-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100901

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT T. BROWN

Mailing Address 2413 EMERALD LAKE DR
APT 206

City

SUN CITY CENTER

State

FL

Zip Code

33573-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117256

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ROSANNE BROWN

Mailing Address 8150 PINE CONE ROAD

City

COLORADO SPGS

State

CO

Zip Code

80908-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095459

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. BROWN

Mailing Address 253 HIDDEN LAKE RD.

City

HENDERSONVILLE

State

TN

Zip Code

37075-5543

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPETITION PWDR CAOTERS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

POWDER COATING

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120964

Amount of Each Receipt this Period

130.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ROBIN BRUCE

Mailing Address 731 N DUNDEE DR

City

POST FALLS

State

ID

Zip Code

83854-8886

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN HISTORICAL SERV.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HISTORIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128811

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MAURICE M. BRUMBELOW

Mailing Address 727 VILLARD ST

City

CHENEY

State

WA

Zip Code

99004-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13115176

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LINDA BRUMMETT

Mailing Address 1708 N VALLEYVIEW CT

City

WICHITA

State

KS

Zip Code

67212-1245

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Transaction ID: SA11.13102297

Amount of Each Receipt this Period

55.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WALTER BRUMMUND

Mailing Address 2500 N MAYFAIR RD
#229

City

MILWAUKEE

State

WI

Zip Code

53226-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13124795

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANTHONY J. BRUNO

Mailing Address 264 SUNNYSIDE RD

City

LINCROFT

State

NJ

Zip Code

07738-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL HEALTH CTR.

Occupation

INTERNAL MEDICINE/MED DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112731

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. DORIS BRUNO

Mailing Address 1111 LINCOLN AVENUE

City

OWATONNA

State

MN

Zip Code

55060-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114350

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ANTHONY G. BRUZZESE

Mailing Address 215 TOLL GATE RD
110

City

WARWICK

State

RI

Zip Code

02886-4417

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOLLGATE RADIOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098332

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. PAMELA R. BRYANT

Mailing Address PO BOX 474

City

LOWELL

State

OR

Zip Code

97452-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098353

Amount of Each Receipt this Period

160.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EVA M. BUCH

Mailing Address PO BOX 686

City

LIBERTYVILLE

State

IL

Zip Code

60048-0686

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098331

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHMANN

Mailing Address 4751 EAGLERIDGE CIR APT 108
APARTMENT 108

City

PUEBLO

State

CO

Zip Code

81008-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127664

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN BUCKINGHAM

Mailing Address 16746 F.M. 2697

City

WHEELER

State

TX

Zip Code

79096-7716

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118416

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEVEN BUCKLEY

Mailing Address 6007 MACON COURT SE

City

HUNTSVILLE

State

AL

Zip Code

35802-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096971

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRAD BUELL, SR.

Mailing Address PO BOX 749

City

PINE MOUNTAIN

State

GA

Zip Code

31822-0749

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125555

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHANNES BUITEWEG

Mailing Address 4480 ARCADA

City

ALMA

State

MI

Zip Code

48801-9593

FEC ID number of contributing
federal political committee.

C

Name of Employer
MID-MICHIGAN RADIOLOGY

Occupation

PHYSICIAN, DIAGNOSTIC & INTERVENTIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123747

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ALAN BUKSA

Mailing Address 51 GLENVIEW RD

City

MERIDEN

State

CT

Zip Code

06450-6817

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127642

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BARTON BULMAN

Mailing Address 11500 GOLDENROD ROAD

City

CALEDONIA

State

MN

Zip Code

55921-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122717

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS P. BUNDARIN

Mailing Address 10446 GLORY AVE

City

TUJUNGA

State

CA

Zip Code

91042-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107620

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. BETTY A. BURCHFIELD

Mailing Address P.O. BOX 876

City

LAKE ELSINORE

State

CA

Zip Code

92531-0876

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111265

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BETTY A. BURCHFIELD

Mailing Address P.O. BOX 876

City

LAKE ELSINORE

State

CA

Zip Code

92531-0876

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124920

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. KELLY D. BURCHETT

Mailing Address 310 N ELSON ST

City

KIRKSVILLE

State

MO

Zip Code

63501-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119538

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. BURCHETTE

Mailing Address 1025 THOMAS JEFFERSON STREET NW
SUITE 800

City

WASHINGTON

State

DC

Zip Code

20007-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRICKFIELD, BURCHETTE, RI-
TTS & STONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133536

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BARRY M. BURDORF

Mailing Address 2700 NEILSON WAY
APARTMENT 1022

City

SANTA MONICA

State

CA

Zip Code

90405-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

TEACHER

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094062

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BARRY M. BURDORF

Mailing Address 2700 NEILSON WAY
APARTMENT 1022

City State Zip Code
 SANTA MONICA CA 90405-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113431

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BARRY M. BURDORF

Mailing Address 2700 NEILSON WAY
APARTMENT 1022

City State Zip Code
 SANTA MONICA CA 90405-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115381

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRYCE BURGESS

Mailing Address 2817 BLUFFVIEW DR

City State Zip Code
 LEWISVILLE TX 75067-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer
CISCO SYSTEMS

Occupation
SOFTWARE TEST ENG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122540

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH L. BURGHARD

Mailing Address 1635 ACADIA CT

City

JACKSON

State

MS

Zip Code

39211-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120777

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GREGORY L. BURHANS

Mailing Address 18 FALMOUTH WAY

City

BLUFFTON

State

SC

Zip Code

29909-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121943

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GREGORY L. BURHANS

Mailing Address 18 FALMOUTH WAY

City

BLUFFTON

State

SC

Zip Code

29909-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128583

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA A. BURKE

Mailing Address 73 ALDEN CT.

City

MALVERNE

State

NY

Zip Code

11565-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108377

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LOUISE J. BURKE

Mailing Address 250 E. WARREN STREET

City

ISELIN

State

NJ

Zip Code

08830-1256

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118885

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. NORMAN R. BURKE

Mailing Address 1504 E. WOODSTONE DRIVE

City

HAYDEN

State

ID

Zip Code

83835-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120447

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID T. BURLESON

Mailing Address 9002 RANCICH ST

City

EL PASO

State

TX

Zip Code

79904-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121910

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DONALD L. BURNS

Mailing Address 315 ROBIN LN

City

GATLINBURG

State

TN

Zip Code

37738-5845

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102547

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JOAN B. BURRELL

Mailing Address 3045 LAKOTA PL

City

LA CROSSE

State

WI

Zip Code

54601-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115554

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JOAN B. BURRELL

Mailing Address 3045 LAKOTA PL

City

LA CROSSE

State

WI

Zip Code

54601-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122507

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JOANN H. BUSE

Mailing Address 786 COUNTY ROAD 811

City

SALTILLO

State

MS

Zip Code

38866-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123475

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KERREY B. BUSER

Mailing Address 1101 BUFFALO BND

City

LEXINGTON

State

NE

Zip Code

68850-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096683

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JENKINS B. BUSH

Mailing Address 6635 LAKE DR

City

MORROW

State

GA

Zip Code

30260-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120666

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL S. BUSH

Mailing Address 5531 BILLY CASPER DR

City

BILLINGS

State

MT

Zip Code

59106-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112791

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WALTER J. BUSHNELL

Mailing Address 6916 S COOK WAY

City

CENTENNIAL

State

CO

Zip Code

80122-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127816

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM C. BUSS

Mailing Address 1700 N WATERMAN AVE

City

SAN BERNARDINO

State

CA

Zip Code

92404-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAN BERNARDINO MEDICAL GR-
OUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107401

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT B. BUSSLER

Mailing Address 2515 PAGE TER

City

ALEXANDRIA

State

VA

Zip Code

22302-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109985

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JUDITH BUTLER

Mailing Address 202 N. NEBRASKA STREET

City

HORICON

State

WI

Zip Code

53032-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARLEN TECHNOLOGIES

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097365

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. STEVE BUYERS

Mailing Address 3705 E 1ST ST

City

FORT WORTH

State

TX

Zip Code

76111-5804

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUYERS BARRIEADES INC.

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110018

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JESSE H. BYRD, JR.

Mailing Address 518 NORTHVIEW DR

City

FAYETTEVILLE

State

NC

Zip Code

28303-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAIGH, BYRD & LAMBERT C.P-
.A.'S

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111907

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GORDON A. BYRNES

Mailing Address 10530 LINDEN LAKE PLZ
305

City

MANASSAS

State

VA

Zip Code

20109-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE RETINA GROUP OF WASHI-
NGTON

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096742

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CLARENCE G. CAFFERTY

Mailing Address P.O. BOX 218

City

LONG PINE

State

NE

Zip Code

69217-0218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116160

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLARENCE G. CAFFERTY

Mailing Address P.O. BOX 218

City

LONG PINE

State

NE

Zip Code

69217-0218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124876

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN E. CAGLE

Mailing Address PO BOX 113

City

MILL CREEK

State

OK

Zip Code

74856-0113

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAGLE RANCH

Occupation
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13123019

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. STEPHEN F. CALDERON

Mailing Address 1000 ASYLUM AVE SUITE 3208

City

HARTFORD

State

CT

Zip Code

06105-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123727

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES S. CALVERT

Mailing Address 7709 BROADWAY ST

City

SAN ANTONIO

State

TX

Zip Code

78209-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096766

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHUCK CALVIN

Mailing Address 2114 OAK BEND

City

SAN ANTONIO

State

TX

Zip Code

78259-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPAWGLASS CONTRACTORS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099995

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN CAMBLIN

Mailing Address 2135 HARDEN BLVD

City

LAKELAND

State

FL

Zip Code

33803-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
MD

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099070

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRED CANADY

Mailing Address 6338 OLEANDER DRIVE

City

WILMINGTON

State

NC

Zip Code

28403-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
BUSINESS OWNER

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128653

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DOUG CANNING

Mailing Address 9505 WHEELPUMP LN

City

PHILADELPHIA

State

PA

Zip Code

19118-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHIDRENS SURGICSL ASSOC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111267

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. CHARLA G. CANNON

Mailing Address **2400 CHERRY CREEK SOUTH DRIVE
UNIT 106**

City State Zip Code
DENVER CO 80209-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 17 / 2009

Transaction ID: SA11.13112000

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. BONNIE CANOVA

Mailing Address **19 STRAWBERRY HILL ROAD**

City State Zip Code
HILTON HEAD SC 29928-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEVA

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2009

Transaction ID: SA11.13125940

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. CRAIG G. CANTRELL

Mailing Address **124 FAIROAKS CIRCLE**

City State Zip Code
GADSDEN AL 35901-5414

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 28 / 2009

Transaction ID: SA11.13127137

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN B. CAPELLI

Mailing Address 1305 LAKE DRIVE

City

DANIELS

State

WV

Zip Code

25832-9237

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122502

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARCIA S. CARABELL

Mailing Address 197 HUDSON STREET

City

HUDSON

State

OH

Zip Code

44236-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer
BELLE HOLDINGS INC.

Occupation

C.E.O.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117958

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BETSY S. CARD

Mailing Address 2874 N CARSON ST
300

City

CARSON CITY

State

NV

Zip Code

89706-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13144031

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BARRY CAREN

Mailing Address 111 WEST VICTORIA ST.

City

COMPTON

State

CA

Zip Code

90220-5812

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAGNADYNE CORP.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115714

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARIA CARIAGA

Mailing Address 11211 N NEBRASKA AVE #A5

City

TAMPA

State

FL

Zip Code

33612-5767

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123700

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOANNE CARLISLE

Mailing Address 4309 MANORWOOD DR

City

GLEN ARM

State

MD

Zip Code

21057-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119554

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WALLACE MURRY CARLINE

Mailing Address 3217 LAKE PALOURDE DR

City

MORGAN CITY

State

LA

Zip Code

70380-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIAMOND SERVICES CORP.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118798

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KURT K. CARLSON

Mailing Address 855 6TH ST

City

LOVELOCK

State

NV

Zip Code

89419

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095631

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARION I. CARLSON

Mailing Address 3459 TYLER CT

City

ELLCOTT CITY

State

MD

Zip Code

21042-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122655

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. KRISTINA CARNEVALE

Mailing Address 3914 TELEPHONE RD.

City

LAKE WORTH

State

TX

Zip Code

76135-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL CLINIC OF NORTH
TEXAS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102106

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. CARPENTER

Mailing Address 320 WGTO TOWER RD.

City

POLK CITY

State

FL

Zip Code

33850-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118628

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JEFFERY M. CARPENTER

Mailing Address 1086 MAIN ST

City

YANCEYVILLE

State

NC

Zip Code

27379-8789

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRAIN CENTER HEALTH & REH-
ABILI

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102197

Amount of Each Receipt this Period

99.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

399.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEANNE CARRELL

Mailing Address 2211 WATROUS DRIVE

City

DUNEDIN

State

FL

Zip Code

34698-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHAEL JOHN COLITZ, JR.,
P.A.

Occupation

LAW OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115632

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERAULD CARRON

Mailing Address 1748 AUSTRALIAN AVENUE

City

RIVIERA BEACH

State

FL

Zip Code

33404-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125651

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DOROTHY A. CARRUTH

Mailing Address 1405 SPARKS ST

City

MIDLAND

State

TX

Zip Code

79701-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
DON-NAN PUMP & SUPPLY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122601

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RALPH B. CARRUTHERS

Mailing Address 306 N 7TH ST.

City

COLUMBIA

State

PA

Zip Code

17512-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102107

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. TOM H. CARRUTHERS

Mailing Address 400 OAK DRIVE

City

CINCINNATI

State

OH

Zip Code

45246-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105771

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. EMILY E. CARSON

Mailing Address 4604 DOVE TREE LANE

City

OKLAHOMA CITY

State

OK

Zip Code

73162-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117638

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD CARTER

Mailing Address 215 N ALLISON AVE

City

BARBOURVILLE

State

KY

Zip Code

40906-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109959

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. CARTER

Mailing Address 4378 W. 138TH ST.
APT 2

City

HAWTHORNE

State

CA

Zip Code

90250-7144

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123881

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES V. CASSADY

Mailing Address 701 N RANCHO DR

City

LONG BEACH

State

CA

Zip Code

90815-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123987

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SAMUEL L. CASSIDY

Mailing Address 7790 IVYGATE LN.

City

CINCINNATI

State

OH

Zip Code

45242-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094066

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD CASSONE

Mailing Address 2254 WOODCREST DR

City

JOHNSTOWN

State

PA

Zip Code

15905-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095635

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE L. CASTLE

Mailing Address 921 FARMINGTON AVE

City

KENSINGTON

State

CT

Zip Code

06037-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED TORQUE PRODUCTS

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104875

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MISS MARY CATER

Mailing Address P.O. BOX 194

City

CENTRAL

State

SC

Zip Code

29630-0194

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13103388

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JACK E. CAVENEY

Mailing Address 11090 TURTLE BEACH ROAD #A203

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANDUIT CORP

Occupation
CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104980

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. CAVIN

Mailing Address 705 SHERRILL LN

City

ROSWELL

State

NM

Zip Code

88201-5232

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROSWELL NM

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119573

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1660.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN CERVIN, JR.

Mailing Address 815A HILLTOP AVENUE EXT.

City

ABINGDON

State

MD

Zip Code

21009-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Transaction ID: SA11.13096085

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN CERVIN, JR.

Mailing Address 815A HILLTOP AVENUE EXT.

City

ABINGDON

State

MD

Zip Code

21009-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11.13113311

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. CHAFFIN

Mailing Address 600 9TH ST NE

City

WASECA

State

MN

Zip Code

56093-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13128596

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN H. CHAMBERLAIN

Mailing Address 134 GREEN BAY RD
APT 108

City State Zip Code
WINNETKA IL 60093-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125638

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SAMUEL S. CHAN

Mailing Address 196 CANAL STREET
6

City State Zip Code
NEW YORK NY 10013-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096975

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GILBERT S. CHANDLER

Mailing Address 1250 JESSE JEWELL PARKWAY SE SUITE

City State Zip Code
GAINESVILLE GA 30501-3865

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123652

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES M. CHANDLER

Mailing Address 1402 E HOUSTON ST #2

City

BEEVILLE

State

TX

Zip Code

78102-5311

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123723

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JOEL CHARITON

Mailing Address 999 N MAIN ST

City

RANDOLPH

State

MA

Zip Code

02368-3072

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111152

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ANNE CHASE

Mailing Address 40 LAWRENCE DR.

City

LONGMEADOW

State

MA

Zip Code

01106-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHASE DECOR INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101638

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER T. CHEN

Mailing Address 266 W HILLSBORO BLVD

City

DEERFIELD BEACH

State

FL

Zip Code

33441-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
21ST CENTURY ONCOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099691

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HUO CHEN

Mailing Address 600 N GARFIELD AVE
STE 105

City

MONTEREY PARK

State

CA

Zip Code

91754-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer
HELO CLTZNMS INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123745

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS CHESLEK

Mailing Address 88 E DIVISION ST

City

SPARTA

State

MI

Zip Code

49345-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
HESSEL CHESLEK FUNERAL HO-
ME

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120871

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DALTON M. CHESTER

Mailing Address 2402 CINCO WOODS

City

SAN ANTONIO

State

TX

Zip Code

78259-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS TRUCK CENTERS

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122523

Amount of Each Receipt this Period

350.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ARIKANA CHIHOMBORI

Mailing Address 527 N MAPLE ST

City

MURFREESBORO

State

TN

Zip Code

37130-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111103

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CMSGT GUS T. CHILDS

Mailing Address 12348 STATE HIGHWAY 87 N

City

TIMPSON

State

TX

Zip Code

75975-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106036

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM CHINNIS

Mailing Address 11999 SONNEBORN DR

City

THEODORE

State

AL

Zip Code

36582-8156

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116761

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARCIAL M. CHIONG

Mailing Address 15 HORSEBLOCK PL

City

FARMINGVILLE

State

NY

Zip Code

11738-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111143

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NEWTON W. CHISM

Mailing Address 107 CHEEK DR

City

DUBLIN

State

GA

Zip Code

31021-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

GYNECOLOGY

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111155

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TIMOTHY P. CHIZMAR

Mailing Address 1512 PARKLAND DR

City

BEL AIR

State

MD

Zip Code

21015-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123709

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE CHOATE

Mailing Address 821 STONE EDGE COURT

City

MARIETTA

State

GA

Zip Code

30068-5185

FEC ID number of contributing
federal political committee.

C

Name of Employer
BANKER FIDER LIFE INS CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INSURANCE

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PAUL A. CHOINSKI

Mailing Address 186 OLD TOWN RD

City

SOUTHAMPTON

State

NY

Zip Code

11968-5013

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111156

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BRIAN CHRISTINE

Mailing Address 506 DEXTER AVENUE

City

BIRMINGHAM

State

AL

Zip Code

35213-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096978

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CYNTHIA L. CHRISTENSEN

Mailing Address 4630 COUNTRY GROVE WAY

City

HEMET

State

CA

Zip Code

92545-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125600

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ESTER R. CHRISTMAN

Mailing Address 4668 NAVARRE RD SW

City

CANTON

State

OH

Zip Code

44706-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CHRISTMAN FABRICATORS, INC.

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095745

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JON L. CHRISTENSEN

Mailing Address 6561 EUDAILY COVINGTON ROAD

City

COLLEGE GROVE

State

TN

Zip Code

37046-9109

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUCHANAN INGERSOL

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115739

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEFFEN CHRISTENSEN

Mailing Address 1111 HARWOOD DR S

City

FARGO

State

ND

Zip Code

58104-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115627

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RICHARD V. CHUA

Mailing Address 5860 N LA CHOLLA BLVD
SUITE100

City

TUCSON

State

AZ

Zip Code

85741-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST NEUROSPECIALIST-
S, PLLC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124749

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DAVID P. CIAVERELLA

Mailing Address 2801 N GANTENBEIN AVE

City

PORTLAND

State

OR

Zip Code

97227-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RADIOLOGY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095672

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARIE R. CIMINO

Mailing Address 150 EPLER DR.

City

EASTON

State

PA

Zip Code

18040-8797

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100261

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. NAOMI R. CLADY

Mailing Address 1140 LAVINA AVE

City

BUCYRUS

State

OH

Zip Code

44820-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

514.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122636

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. R. MICHAEL CLAEYS

Mailing Address 23244 COUNTY ROAD 88

City

WINTERS

State

CA

Zip Code

95694-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER/INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120471

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ARTHUR R. CLARKE

Mailing Address P.O. BOX 182

City

SPRINGFIELD CENTER

State

NY

Zip Code

13468-0182

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122697

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDWIN CLARKE, JR.

Mailing Address 629 ACADEMY AVE

City

SEWICKLEY

State

PA

Zip Code

15143-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098915

Amount of Each Receipt this Period

510.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. EDWARD P. CLARKE

Mailing Address 50 LEDGE RD
APT 127

City State Zip Code
DARIEN CT 06820-4499

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11.13125566

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ERNIE CLARK

Mailing Address P.O. BOX 1007

City State Zip Code
BROOKHAVEN MS 39602-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: SA11.13091737

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. PAULA CLARK

Mailing Address 990 BROOKFIELD LENOX RD

City State Zip Code
TIFTON GA 31794-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLARK FOODS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RESTAURANT OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11.13120747

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. STEPHEN B. CLARK

Mailing Address 9273 LERWICK DRIVE

City

DUBLIN

State

OH

Zip Code

43017-9492

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERITECH

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125942

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SUSAN CLARK

Mailing Address 7090 E MESCAL ST APT 11

City

SCOTTSDALE

State

AZ

Zip Code

85254-6119

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13106989

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SUSAN CLARK

Mailing Address 7090 E MESCAL ST APT 11

City

SCOTTSDALE

State

AZ

Zip Code

85254-6119

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127518

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REV. WILLIAM T. CLARKE

Mailing Address 5133 NEWLANDS RD

City

COLUMBIA

State

NC

Zip Code

27925-8547

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101936

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARION S. CLAS

Mailing Address 910 MOHEGAN RD

City

SCHENECTADY

State

NY

Zip Code

12309-4814

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125557

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARILYN CLAY

Mailing Address 1020 GOLDEN EAGLE CIR

City

HOLDEN

State

MO

Zip Code

64040-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer
F&C BANK

Occupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115677

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. POLY CLINE

Mailing Address 23017 KOBBS RD

City

TOMBALL

State

TX

Zip Code

77377-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115635

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GARY W. COATOAM

Mailing Address 195 W HIGHLAND ST

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714-2599

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS. COATOAM & KRIEGOR

Occupation
PERIODONTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102127

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CARLOS S. COBB

Mailing Address 4023 FAIRMAN STREET

City

LAKEWOOD

State

CA

Zip Code

90712-3857

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120911

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JEANNE G. COBETTO

Mailing Address 760 PINETREE RD

City

PITTSBURGH

State

PA

Zip Code

15243-1058

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13125008

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES F. COCKERELL

Mailing Address 205 NW R D MIZE RD SUITE 304

City

BLUE SPRINGS

State

MO

Zip Code

64014-2520

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123685

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LISA M. COESTER

Mailing Address 600 7TH ST SE

City

CEDAR RAPIDS

State

IA

Zip Code

52401-2112

FEC ID number of contributing
federal political committee.**C**Name of Employer
PCI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122368

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HAROLD C. COFFEE, JR.

Mailing Address 25 AMBER DR

City

SAN FRANCISCO

State

CA

Zip Code

94131-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097581

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MAJORIE L. COFFEY

Mailing Address 2404 LORING ST
180

City

SAN DIEGO

State

CA

Zip Code

92109-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105957

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM COHAN

Mailing Address PO BOX 2226

City

GRAND JUNCTION

State

CO

Zip Code

81502-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer
WT COHAN AND ASSOCIATES C

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113215

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. ARYEH COHEN

Mailing Address **618 PLEASANTVILLE ROAD**

City State Zip Code
LANCASTER OH 43130-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 08 / 2009

Transaction ID: SA11.13100553

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. EDWARD G. COHEN

Mailing Address **1240 NO. CASEY KEY ROAD**

City State Zip Code
OSPNEY FL 34229-9783

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLAS AMERICA, INC.

Occupation

PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

09 / 30 / 2009

Transaction ID: SA11.13133585

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. STEPHEN R. COHEN

Mailing Address **1024 BOBWHITE DRIVE**

City State Zip Code
CHERRY HILL NJ 08003-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
**SOUTH JERSEY PROSTHO DNTL
 ASS**

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2009

Transaction ID: SA11.13108020

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BILL COLBY-NEWTON

Mailing Address 1108 HUMBOLDT AVE

City

WEST ST PAUL

State

MN

Zip Code

55118-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

LONG TERM CARE GROUP INC

Occupation

QUALITY ASSURANCE SUPV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091645

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CHARIS COLE

Mailing Address P.O. BOX 497

City

BRYN ATHYN

State

PA

Zip Code

19009-0497

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100654

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CLAUDETTE COLE

Mailing Address 7179 SULPHUR LICK RD.

City

TOMPKINSVILLE

State

KY

Zip Code

42167-7066

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125644

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. F HAMMOND COLE

Mailing Address 6195 BOSKEY DRIVE

City

MILLINGTON

State

TN

Zip Code

38053-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF TENNESSEE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100564

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. RITA M. COLE

Mailing Address 3809 PETOSKEY AVE

City

CINCINNATI

State

OH

Zip Code

45227-3844

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116058

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. RITA M. COLE

Mailing Address 3809 PETOSKEY AVE

City

CINCINNATI

State

OH

Zip Code

45227-3844

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129648

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BILLIE K. COLLINS

Mailing Address 1791 ROXBORO PL

City

CROFTON

State

MD

Zip Code

21114-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122686

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LUCILLE S. COLLINS

Mailing Address P.O. BOX 370

City

MAPLESVILLE

State

AL

Zip Code

36750-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123705

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

M THOMAS COLLINS

Mailing Address 206 DEERFIELD LANE

City

FRANKLIN

State

TN

Zip Code

37069-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100813

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. RENEE T. COMBS

Mailing Address 1288 LAKESIDE DR

City

JACKSBORO

State

TN

Zip Code

37757-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAMPBELL CITY SCHOOLS

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115634

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SUZANNE B. COMBS

Mailing Address 6427 N EWING ST

City

INDIANAPOLIS

State

IN

Zip Code

46220-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMGI

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119604

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD P. CONDIT

Mailing Address 1000 EAST PARIS AVE SE #115

City

GRAND RAPIDS

State

MI

Zip Code

49546-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120728

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS F. CONDON

Mailing Address 6309 BURNHAM CIR
APT 103

City State Zip Code
INVER GROVE MN 55076-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122713

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ARNOLD CONFORTI

Mailing Address 800 SPRING ST

City State Zip Code
MACON GA 31201-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125480

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LORI D. CONKLIN

Mailing Address PO BOX 800710

City State Zip Code
CHARLOTTESVILLE VA 22908-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF VIRGINIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099701

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD A. CONN

Mailing Address 2616 MEMORIAL BLVD
B

City State Zip Code
CONNELLSVILLE PA 15425-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098425

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JIM M. CONNER

Mailing Address 1509 WALNUT

City State Zip Code
WENATCHEE WA 98801-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107817

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY NELL CONNELL

Mailing Address 105 HEATHERWOOD COVE

City State Zip Code
JACKSON TN 38305-8846

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100180

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY NELL CONNELL

Mailing Address 105 HEATHERWOOD COVE

City

JACKSON

State

TN

Zip Code

38305-8846

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119556

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MAXINE L. CONNER

Mailing Address 133 DUBLIN CT

City

PETALUMA

State

CA

Zip Code

94952-7521

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102404

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RICHARD CONNER

Mailing Address 25495 MEDICAL CENTER DRIVE

City

MURRIETA

State

CA

Zip Code

92562-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRI VALLEY UROLOGY MEDICAL
GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114658

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GORDON P. CONNOR

Mailing Address 1260 N ASTOR ST
STE 11N

City State Zip Code
CHICAGO IL 60610-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122644

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERRY L. CONROW

Mailing Address 23871 MADISON ST

City State Zip Code
TORRANCE CA 90505-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105859

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JERRY L. CONROW

Mailing Address 23871 MADISON ST

City State Zip Code
TORRANCE CA 90505-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
C.P.A.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130574

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. EDWARD W. COOCH, JR.

Mailing Address P.O. BOX 3919

City

WILMINGTON

State

DE

Zip Code

19807-0919

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SCULPTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124013

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CHRIS COOK

Mailing Address 8500 PARK KNOLL CIRCLE

City

BLOOMINGTON

State

MN

Zip Code

55438-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111093

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GREGORY C. COOK

Mailing Address 1348 WALTON WAY STE. 4100

City

AUGUSTA

State

GA

Zip Code

30901-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094147

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. NORMA J. COOK

Mailing Address 1408 WINSTED DR

City

FALLSTON

State

MD

Zip Code

21047-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130594

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JUANITA COOKE

Mailing Address 4319 IROQUOIS AVE

City

LAKEWOOD

State

CA

Zip Code

90713-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108989

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. W. COOMBE

Mailing Address 2051 EVERGREEN LN

City

SHOW LOW

State

AZ

Zip Code

85901-7928

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13147116

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional)

-350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDWIN L. COOPER

Mailing Address 7700 SEAWALL BLVD.
APARTMENT 203

City State Zip Code
GALVESTON TX 77551-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
COBRA CONSULTING, INC.

Occupation
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123797

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ELLEN COOPER

Mailing Address P.O. BOX 58

City State Zip Code
WILTON CT 06897-0058

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13109190

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. GLENDA G. COOPER

Mailing Address 355 N 18TH ST.
STE 103

City State Zip Code
BEAUMONT TX 77707-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107125

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JDANNY COOPER

Mailing Address 3438 MANCHESTER DRIVE

City

MONTGOMERY

State

AL

Zip Code

36111-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALABAMA ASSOCIATION OF RE-
ALTORS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096760

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA COOPER

Mailing Address 3622 TARTAN CIRCLE

City

PORTAGE

State

MI

Zip Code

49024-7889

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096034

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

PETER H COORS

Mailing Address 15205 W 32ND AVE

City

GOLDEN

State

CO

Zip Code

80401-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOLSON COORS BREWING COMP-
ANY

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134249

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LYNDA CORCORRAN

Mailing Address 16785 SE 58TH PL.

City

BELLEVUE

State

WA

Zip Code

98006-5559

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123877

Amount of Each Receipt this Period

165.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DEBORAH A. CORTLANDT

Mailing Address 420 SIR HOWARD CIR

City

KOHLER

State

WI

Zip Code

53044-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
COULIS CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091528

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANASTASIOS P. COSTARIDES

Mailing Address 2655 OAK PARK TRL

City

DECATUR

State

GA

Zip Code

30033-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY UNIVERSITY SCHOOL
OF MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099687

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GABRIEL A. COSTA

Mailing Address 3181 SW 22ND AVE
STE 301

City State Zip Code
MIAMI FL 33145-8522

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105456

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GARY COUGHLAN

Mailing Address 1135 CENTRAL ROAD

City State Zip Code
GLENVIEW IL 60025-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098622

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GARY COUGHLAN

Mailing Address 1135 CENTRAL ROAD

City State Zip Code
GLENVIEW IL 60025-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125274

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JIM COUPE

Mailing Address 92 WINDRIDGE LANE

City

PANAMA CITY BEACH

State

FL

Zip Code

32413-2686

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAY DISTRICT SCHOOLS

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115678

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MELVIN E. COWART

Mailing Address 5123 TIDEWATER CT

City

PASADENA

State

TX

Zip Code

77505-2834

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119569

Amount of Each Receipt this Period

270.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. COWEN

Mailing Address 2756 INDIAN SPRINGS RD

City

MARIANNA

State

FL

Zip Code

32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122612

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DANA COX

Mailing Address 41 ELDORADO PL

City

WEEHAWKEN

State

NJ

Zip Code

07086-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123101

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DOANLD R. COX

Mailing Address 3980 DABATE COURT

City

MILFORD

State

MI

Zip Code

48381-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13100484

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLEN A. COX

Mailing Address 2306 STONEWALL DR

City

BARTLESVILLE

State

OK

Zip Code

74006-6331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: SA11.13107694

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MARION L. COX

Mailing Address 494 OAKMONT DR

City

MYRTLE BEACH

State

SC

Zip Code

29579-7285

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108775

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DANIEL COY

Mailing Address 20412 W 92ND ST

City

LENEXA

State

KS

Zip Code

66220-5607

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104882

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. COYNE

Mailing Address 7208 HEATHERTON CIR

City

EDINA

State

MN

Zip Code

55435-4117

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124931

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

440.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GARY CRANSTON

Mailing Address 4265 N BUENA VISTA AVE

City

FARMINGTON

State

NM

Zip Code

87401-0813

FEC ID number of contributing
federal political committee.

C

Name of Employer
MODERN FARM EQUIP.

Occupation

RETAIL FARM EQUIPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120780

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA CRAWFORD

Mailing Address 356 TOPAZ ST.

City

REDWOOD CITY

State

CA

Zip Code

94062-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123930

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. ROBERT CREIGHTON

Mailing Address 660 CAMINO DE LOS MARES
UNIT 211

City

SAN CLEMENTE

State

CA

Zip Code

92673-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125006

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM D. CRIBBS

Mailing Address 880 HURON CT #307

City

MARCO ISLAND

State

FL

Zip Code

34145-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123720

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. CRITTENDEN

Mailing Address 614 BIRDSONG SOUTH

City

SAN ANTONIO

State

TX

Zip Code

78258-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROJECT CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113270

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DENNIS CRONK

Mailing Address 3310 KINGSBURY CIRCLE

City

ROANOKE

State

VA

Zip Code

24014-1398

FEC ID number of contributing
federal political committee.

C

Name of Employer
POE & CRONK REAL ESTATE
GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095554

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BENJAMIN E. CROSBY

Mailing Address 2558 PARTRIDGE DR

City

WINTER HAVEN

State

FL

Zip Code

33884-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROSBY & ASSOCIATES, INC.

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13134518

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SID CROSBY

Mailing Address PO BOX 639

City

JACKSON

State

AL

Zip Code

36545-0639

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13096701

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MIKI CROWL

Mailing Address 438 S SCHUYLER ST

City

OTTUMWA

State

IA

Zip Code

52501-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer
AVON

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122710

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN CSICKO

Mailing Address 7900 W JEFFERSON BLVD STE. 303

City

FORT WAYNE

State

IN

Zip Code

46804-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125472

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES J. CUFF

Mailing Address 233 BLYTHE ISLAND DR

City

BLUFFTON

State

SC

Zip Code

29910-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125366

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES J. CUFF

Mailing Address 233 BLYTHE ISLAND DR

City

BLUFFTON

State

SC

Zip Code

29910-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134539

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TIMOTHY M. CULLINANE

Mailing Address 610 S EUCLID AVE

City

OAK PARK

State

IL

Zip Code

60304-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST SUBURBAN MULTI-SPECI-
ALTY

Occupation

PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13099671

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DONALD F. CUMMINGS

Mailing Address 2710 STEEPLECHASE COURT

City

TEMPLE

State

TX

Zip Code

76502-7115

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107773

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DEBORAH J. CURBEY

Mailing Address 8950 LA DONA CT

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRIZETTO

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124991

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BARBARA CZERSKA

Mailing Address 2799 W GRAND BLVD

City

DETROIT

State

MI

Zip Code

48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109889

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ARTHUR G. D SOUZA

Mailing Address 20 OLD RIDGEFIELD RD

City

WILTON

State

CT

Zip Code

06897-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115623

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEPHEN J. D'AMATO

Mailing Address 9 EAGLE DR

City

NORTH KINGSTOWN

State

RI

Zip Code

02852-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH PROVIDENCE MEDICAL
SERVICES, INC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105455

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BRIAN R. D'ISERNIA

Mailing Address 3605 DELWOOD DR

City

PANAMA CITY

State

FL

Zip Code

32408-7404

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTERN SHIP BUILDING GRO

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125724

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BERGE J. DADOURIAN

Mailing Address 3121 S MARYLAND PKWY
512

City

LAS VEGAS

State

NV

Zip Code

89109-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEVADA CARDIOLOGY ASSOCIA-
TES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094157

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LOUISE O. DAHL

Mailing Address 45 MARTENS BLVD.

City

SAN RAFAEL

State

CA

Zip Code

94901-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100735

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CHARLES DAHLGREN

Mailing Address 1995 ERRECART BLVD
SUITE109

City State Zip Code
ELKO NV 89801-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111159

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. DAILEY

Mailing Address 401 1ST ST

City State Zip Code
LOS ALTOS CA 94022-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120710

Amount of Each Receipt this Period

450.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. DALEY

Mailing Address 107 OXFORD RD

City State Zip Code
GREENVILLE NC 27858-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112146

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. DALEY

Mailing Address 107 OXFORD RD

City

GREENVILLE

State

NC

Zip Code

27858-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122703

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM S. DALLAS

Mailing Address 988 OAK RIDGE TPKE STE 350
PHYSICIANS PLAZA

City

OAK RIDGE

State

TN

Zip Code

37830-6964

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAK RIDGE SURGEONS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094156

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANCIS DASHNAW

Mailing Address 116 NORTHSHORE DR.

City

CHERRYVILLE

State

NC

Zip Code

28021-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer
US AIRWAYS

Occupation
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108945

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARTIN DAUGHERTY

Mailing Address 30927 COUNTY ROAD 12

City

FRESNO

State

OH

Zip Code

43824-9042

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAUGHERTY FARMS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101680

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARTIN DAUGHERTY

Mailing Address 30927 COUNTY ROAD 12

City

FRESNO

State

OH

Zip Code

43824-9042

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAUGHERTY FARMS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118826

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES DAVIS

Mailing Address 5231 STEIDEL LN

City

WOODBIDGE

State

VA

Zip Code

22193-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer
NJVC

Occupation
PROGRAM SCH TEAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097888

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOSEPH A. DAVIS

Mailing Address 4226 HARTLEY BRIDGE RD
104City State Zip Code
MACON GA 31216-4116FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098469

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARILYN DAVIS

Mailing Address 4712 QUAIL CREEK DRIVE

City State Zip Code
GREAT BEND KS 67530-6836FEC ID number of contributing
federal political committee.

C

Name of Employer
L.D. DRILLING, INC.Occupation
PRODUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13122005

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MONTY L. DAVIS

Mailing Address 19827 CYPRESS CHURCH RD

City State Zip Code
CYPRESS TX 77433-1479FEC ID number of contributing
federal political committee.

C

Name of Employer
CORE LABORATORIES L.P.Occupation
EXEC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102334

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MONTY L. DAVIS

Mailing Address 19827 CYPRESS CHURCH RD

City

CYPRESS

State

TX

Zip Code

77433-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORE LABORATORIES L.P.

Occupation
EXEC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115718

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PAMELA F. DAVIS

Mailing Address 4622 PROGRESS DRIVE
STE C

City

DAVENPORT

State

IA

Zip Code

52807-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123743

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HARRY DAVLANTES

Mailing Address 2048 W. PRATT BLVD.

City

CHICAGO

State

IL

Zip Code

60645-4981

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121736

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 1070

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SAM DAWSON

Mailing Address 129 TURNBERRY WAY

City

SAN ANTONIO

State

TX

Zip Code

78230-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEPE DAWSON ENGINEERS INC.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113269

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSEPH DE JUNCO

Mailing Address 206A HOSPITAL DR

City

DUBLIN

State

GA

Zip Code

31021-2989

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112800

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES T. DEARY

Mailing Address 1444 N. WOODHOUSE ROAD

City

VIRGINIA BCH

State

VA

Zip Code

23454-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128569

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD J. DECHARD

Mailing Address 99 GATES STREET

City

PORTSMOUTH

State

NH

Zip Code

03801-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128581

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL DECLEVA

Mailing Address 350 N SAINT PAUL ST.
SUITE 1625

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126932

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAVAD DEGANIAN

Mailing Address 1700 TREE LN
110

City

SNELLVILLE

State

GA

Zip Code

30078-6782

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099681

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALLAN H. DEGNAN

Mailing Address 27137 LOST LAKE LN

City

BONITA SPGS

State

FL

Zip Code

34134-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. JOHN NEUMANN HIGH SCH-
OOL

Occupation

EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122608

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ARNOLD E. DELBRIDGE

Mailing Address 164 W DALE ST

City

WATERLOO

State

IA

Zip Code

50703-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091736

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARJORIE J. DELO

Mailing Address 5630 JOHNSON RD

City

DELANAN

State

WI

Zip Code

53115

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123626

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROSS O. DELZER

Mailing Address 19481 US HIGHWAY 85

City

BELLE FOURCHE

State

SD

Zip Code

57717-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11.13108972

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. NIXON EDWARD DENTON

Mailing Address 1709 LANTANA DRIVE

City

MINDEN

State

NV

Zip Code

89423-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13120771

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MALEVA DEPALMA

Mailing Address 937 MACKALL AVENUE

City

MC LEAN

State

VA

Zip Code

22101-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13100317

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MALEVA DEPALMA

Mailing Address 937 MACKALL AVENUE

City

MC LEAN

State

VA

Zip Code

22101-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13127316

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JUDITH DEPEW

Mailing Address RR 2 BOX 514A

City

BEAVER

State

OK

Zip Code

73932-9616

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13097523

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LARRY A. DERKSEN

Mailing Address 8200 W CENTRAL AVE #1

City

WICHITA

State

KS

Zip Code

67212-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123719

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR EDWARD DESZYCK

Mailing Address PO BOX 31

City

BETHANIA

State

NC

Zip Code

27010-0031

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091698

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN J. DEVANEY

Mailing Address 212 STEEPLE BROOK

City

SPRING BRANCH

State

TX

Zip Code

78070-6044

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113274

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID DEVORE

Mailing Address 603 COUNTY ROAD 86

City

FINDLAY

State

OH

Zip Code

45840-9362

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124932

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ELISABETH DEVOS

Mailing Address 126 OTTAWA AVE NW
SUITE 500

City State Zip Code
GRAND RAPIDS MI 49503-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125957

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD DEVOS

Mailing Address 126 OTTAWA AVENUE NW
SUITE 500

City State Zip Code
GRAND RAPIDS MI 49503-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMWAY

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125956

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDWARD J. DEVRIES

Mailing Address 2049 BRUNSINK NE

City State Zip Code
GRAND RAPIDS MI 49503-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEVRIES COMPANY

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133584

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM O. DEWITT, JR.

Mailing Address 300 MAIN STREET

City

CINCINNATI

State

OH

Zip Code

45202-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer
REYNOLDS, DEWITT & COMPANY

Occupation

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104976

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY ANN DEZIEL

Mailing Address 4540 HOLLY LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122627

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ZUL K. DHANANI

Mailing Address 9436 N HOUSTON ROSSLYN RD
STE C

City

HOUSTON

State

TX

Zip Code

77088-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098310

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOSE DIAZ

Mailing Address 507 PARK GROVE LN

City

KATY

State

TX

Zip Code

77450-1759

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13147115

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES W. DICKERSON

Mailing Address 1601 BROOKWOOD AVE

City

DUNCAN

State

OK

Zip Code

73533-1360

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098308

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JOAN DICKENSON

Mailing Address 3902 MONTICELLO CIR

City

ABILENE

State

TX

Zip Code

79605-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096773

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

-250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JOAN DICKENSON

Mailing Address 3902 MONTICELLO CIR

City

ABILENE

State

TX

Zip Code

79605-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106373

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN E. DICKERSON, JR.

Mailing Address 150 LAWTON AVENUE

City

MONROE

State

OH

Zip Code

45050-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
DICKERSON DISTRIBUTING CO-
MPANY

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13110190

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. DICKERSON

Mailing Address 4760 DEER CREAK

City

MIDDLETOWN

State

OH

Zip Code

45042-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
DICKERSON DIST. CO.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099992

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA L. DICKERSON

Mailing Address 201 MYHR GRN

City

NASHVILLE

State

TN

Zip Code

37221-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114445

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ANTHONY DILL

Mailing Address 7818 Tanager CT

City

SAINT LOUIS

State

MO

Zip Code

63119-5015

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112325

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. DIMINICK

Mailing Address 2405 ATHERHOLT RD

City

LYNCHBURG

State

VA

Zip Code

24501-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111149

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TIMOTHY DINEEN

Mailing Address 101 ALYCIA DR STE 1

City

RICHMOND

State

KY

Zip Code

40475-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119593

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM DISHNER

Mailing Address 19841 N 27TH AVE
203

City

PHOENIX

State

AZ

Zip Code

85027-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120684

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. TIMMIE DISON

Mailing Address 15679 CLOVER VALLEY ROAD

City

GRASS VALLEY

State

CA

Zip Code

95949-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120458

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ALLISON DIVERS

Mailing Address 4320 BRAMBLETON AVE

City

ROANOKE

State

VA

Zip Code

24018-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091527

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RONALD W. DIXON

Mailing Address 16418 CAMBRIA ESTATES LN

City

SANTA CLARITA

State

CA

Zip Code

91387-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13104506

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS DODDS

Mailing Address 206 MEDICAL CIR
1B

City

WEST COLUMBIA

State

SC

Zip Code

29169-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094078

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
MS. LISA DOLAN

Mailing Address 20212 38TH AVE

City State Zip Code
BAYSIDE NY 11361-1851FEC ID number of contributing
federal political committee.**C**Name of Employer
SECURIT INVESTIGATIONSOccupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102824

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
DR. TIMOTHY DOLES

Mailing Address 1725 PINE ST

City State Zip Code
MONTGOMERY AL 36106-1109FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100490

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DR. RICHARD O. DOLINAR

Mailing Address 14224 N 11TH WAY

City State Zip Code
PHOENIX AZ 85022-4322FEC ID number of contributing
federal political committee.**C**Name of Employer
ARIZONA ENDOCRINOLOGY CEN-
TEROccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099073

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM DONATH

Mailing Address 382 AURORA AVE

City

CLIFFSIDE PARK

State

NJ

Zip Code

07010-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109994

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DONALD R. DONELL

Mailing Address P.O. BOX 2436

City

WEIRTON

State

WV

Zip Code

26062-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
STARVAGGI

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096876

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROGER A. DORF

Mailing Address 13226 SHORE VISTA DR

City

AUSTIN

State

TX

Zip Code

78732-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
CELITE SYSTEMS INC

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113317

Amount of Each Receipt this Period

750.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS DORRELL, JR.

Mailing Address 14433 S PADRE DR.

City

CORPUS CHRISTI

State

TX

Zip Code

78418

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099694

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID A. DORSEY

Mailing Address 614 GLENWOOD LANE

City

WEST CHESTER

State

PA

Zip Code

19380-5737

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUFFY REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098927

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ALFRED P. DOYLE

Mailing Address 444 WOODLAND RD

City

SEWICKLEY

State

PA

Zip Code

15143-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ONCOLOGY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127546

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LINDA DOYLE

Mailing Address 3400 E FRANK PHILLIPS BLVD
STE 302

City State Zip Code
BARTLESVILLE OK 74006-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123645

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT D. DOYLE

Mailing Address 5518 WILDOAK DR

City State Zip Code
ANNISTON AL 36206-1360

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112866

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS P. DOZIER

Mailing Address 4000 VINEVILLE AVE

City State Zip Code
MACON GA 31210-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120679

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HARRY DOZIER

Mailing Address 3238 NE BRYCE STREET

City

PORTLAND

State

OR

Zip Code

97212-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRAKE SYSTEMS INC

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128565

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DENNIS DRAZIN

Mailing Address 195 N VILLAGE AVE
SUITE 1

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107464

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P. DREYER

Mailing Address 201 MILLWOOD ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133540

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID F. DROHAN

Mailing Address 20557 AMHERST LANE

City

DEER PARK

State

IL

Zip Code

60010-6713

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAXTER HEALTHCARE

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM F. DUBOIS

Mailing Address 8540 105TH AVE

City

STANWOOD

State

MI

Zip Code

49346-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102108

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LISA C. DUDLEY

Mailing Address 3061 N SHARON AMITY RD
4

City

CHARLOTTE

State

NC

Zip Code

28205-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARLOTTE OPTOMETRY GROUP

Occupation

OPTOMETRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095665

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN L. DUGAN

Mailing Address 464 S. ROANOKE

City

MESA

State

AZ

Zip Code

85206-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125547

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RONALD D. DULY

Mailing Address 1806 KAREN ST

City

BURBANK

State

CA

Zip Code

91504-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125592

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES J. DUMAN

Mailing Address 330 N. IDAHO ST.

City

SALEM

State

SD

Zip Code

57058-8941

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125609

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARK J. DUMMANN

Mailing Address 1661 1ST AVE

City

GRAFTON

State

WI

Zip Code

53024-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
EARTH TECH

Occupation

CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124888

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LALA M. DUNBAR, MD, PHD

Mailing Address 170 WALNUT ST
7A

City

NEW ORLEANS

State

LA

Zip Code

70118-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

EMERGENCY MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098330

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GRANT M. DUNCAN

Mailing Address 1822 BEVERLY GLEN DRIVE

City

NORTH TUSTIN

State

CA

Zip Code

92705-3157

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100174

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GRANT M. DUNCAN

Mailing Address 1822 BEVERLY GLEN DRIVE

City

NORTH TUSTIN

State

CA

Zip Code

92705-3157

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108405

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RAYMOND DUNCAN

Mailing Address PH1, 1777 S. HARRISON STREET

City

DENVER

State

CO

Zip Code

80210-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUNCAN OIL, INC.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134590

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RICHARD W. DUNCAN

Mailing Address P.O. BOX 2267

City

JOHNSON CITY

State

TN

Zip Code

37605-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123667

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT LEE DUNN

Mailing Address 5813 GRAHAM AVENUE

City

SUMNER

State

WA

Zip Code

98390-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114531

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BENTON DUPONT

Mailing Address 3401 N BLVD
SUITE 400

City

BATON ROUGE

State

LA

Zip Code

70806-3743

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124753

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARY DUPONT

Mailing Address 15825 SHADY GROVE RD #60

City

ROCKVILLE

State

MD

Zip Code

20850-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123710

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. FREDERICK B. DURER

Mailing Address 226 SOUTH WOODSMILL ROAD
SUITE 68 WEST

City State Zip Code
CHESTERFIELD MO 63017-3662

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH CARE, INC.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100550

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER M. DURNER

Mailing Address 7685 WINTERBERRY DR

City State Zip Code
BOARDMAN OH 44512-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMAR HEALTH SYSTEM

Occupation
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100563

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LYNLEY S. DURRETT

Mailing Address 105 COLLIER RD
STE1080

City State Zip Code
ATLANTA GA 30309-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCDANIEL AND DURRETT

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098300

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. DYCUS

Mailing Address 195 ALAMO STREET

City

VIDOR

State

TX

Zip Code

77662-9328

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113341

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN R. DYKERS, JR.

Mailing Address P.O. BOX 565

City

SILER CITY

State

NC

Zip Code

27344-0565

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123712

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT A. DYKSTRA

Mailing Address 7232 ENGLE RD

City

FORT WAYNE

State

IN

Zip Code

46804-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer
OPHTHALMOLOGY CONSULTANTS

Occupation
COMPREHENSIVE OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096986

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAROSLAW B. DZWINYK

Mailing Address

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096331

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ARTHUR D. EARL

Mailing Address 425 HIGHWAY 93 S

City

SALMON

State

ID

Zip Code

83467-5316

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130026

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. NOREEN ECCLESTON

Mailing Address 9825 E HIGHWAY 252

City

GREENWOOD

State

AR

Zip Code

72936-9270

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST WIND ASSOCIATES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SECRETARY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125616

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RUTH L. ECKERT

Mailing Address 6501 E GREENWAY PARKWAY BLDG 6 STE

City

SCOTTSDALE

State

AZ

Zip Code

85254-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127028

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS EDDINS

Mailing Address 5307 ALVIE ST

City

CHARLESTON

State

SC

Zip Code

29418-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101097

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS EDDINS

Mailing Address 5307 ALVIE ST

City

CHARLESTON

State

SC

Zip Code

29418-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123222

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LOIS STILES EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094951

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LOIS STILES EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122706

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DICK EDMONDS

Mailing Address 3067 UNIONVILLE PIKE

City

HATFIELD

State

PA

Zip Code

19440-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer
B. & G. MANUFACTURING CO.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117619

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DAVID L. EDWARDS

Mailing Address 524 SACKMAN FALLS COURT

City

CANTON

State

GA

Zip Code

30114-8147

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123653

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LARRY W. EDWARDS

Mailing Address P.O. BOX 2308

City

RIDGELAND

State

MS

Zip Code

39158-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE SMITH EDWARDS COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: SA11.13110196

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MIKE EDWARDS

Mailing Address 6316 NORTHGROVE RD.

City

AUSTIN

State

TX

Zip Code

78731-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST INNOVATIONS, INC.

Occupation

PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11.13111416

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MIKE EDWARDS

Mailing Address 6316 NORTHGROVE RD.

City

AUSTIN

State

TX

Zip Code

78731-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST INNOVATIONS, INC.

Occupation

PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125356

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MILTON R. EICHMANN

Mailing Address 2530 LUCY LEE PKWY
STE 1

City

POPLAR BLUFF

State

MO

Zip Code

63901-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094084

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT G. EILAND

Mailing Address 1683 E GOSHEN

City

FRESNO

State

CA

Zip Code

93720-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

FINANCIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105499

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KAREN EISINGER

Mailing Address 1935 GREENWOOD RD.

City

ASHEBORO

State

NC

Zip Code

27203-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111628

Amount of Each Receipt this Period

202.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PHYLLIS O. EKBLAD

Mailing Address 319 COMMONS WAY

City

KALISPELL

State

MT

Zip Code

59901-2671

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOT SPRINGS TELEPHONE COM-
PANY

Occupation
ACCOUNTANT & BUSINESS MGR.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111887

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. TRESA L. ELENGOLD

Mailing Address 1128 OAKLANDS DRIVE

City

ROUND ROCK

State

TX

Zip Code

78681-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119548

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

602.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN N. ELGIN

Mailing Address 987 SMITH MOUNTAIN DR

City

JACKSONS GAP

State

AL

Zip Code

36861-2540

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122364

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. RUTH E. ELKINS

Mailing Address 401 BROOKSIDE DRIVE

City

CASEYVILLE

State

IL

Zip Code

62232-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096146

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. ELLER

Mailing Address P.O. BOX 766

City

SOQUEL

State

CA

Zip Code

95073-0766

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107738

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. J DAVID ELLER

Mailing Address 201 N FEDERAL HWY

City

DEERFIELD BEACH

State

FL

Zip Code

33441-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116856

Amount of Each Receipt this Period

199.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RENEE R. ELLERBROEK

Mailing Address 1212 PLEASANT ST
LL3

City

DES MOINES

State

IA

Zip Code

50309-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091489

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM G. ELLIEN

Mailing Address 3 BLACK HAWK TRL

City

SAVANNAH

State

GA

Zip Code

31411-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095629

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

649.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES S. ELLIS

Mailing Address PO BOX 381329

City

DUNCANVILLE

State

TX

Zip Code

75138-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104847

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JEANETTE ELLIS

Mailing Address 452 HIGH TIARA CT

City

GRAND JCT

State

CO

Zip Code

81507-8745

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121098

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NEAL ELLIS

Mailing Address 2451 FULLINGHAM ST #712

City

MOBILE

State

AL

Zip Code

36617

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123621

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. ELLIS

Mailing Address 203 NEWLIN POINTE

City

GLEN MILLS

State

PA

Zip Code

19342-2388

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111640

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ZENA S. ELLIS

Mailing Address 284 LAY HL

City

WALLINS CREEK

State

KY

Zip Code

40873-8824

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102604

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ZENA S. ELLIS

Mailing Address 284 LAY HL

City

WALLINS CREEK

State

KY

Zip Code

40873-8824

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121809

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RITA R. ELLITHORPE

Mailing Address 1512 KALUA LN

City

TUSTIN

State

CA

Zip Code

92780-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094088

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. ELMAN

Mailing Address 9114 PHILADELPHIA RD #310

City

ROSEDALE

State

MD

Zip Code

21237-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMAN RETINA GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123615

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MAETA EMMONS

Mailing Address 2428 VIRGO DR

City

COLORADO SPRINGS

State

CO

Zip Code

80906-1048

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107609

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. OSEMWEGIE EMOVON

Mailing Address PO BOX 81113

City

CHARLESTON

State

SC

Zip Code

29416-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099675

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ARDITH ENDRES

Mailing Address 12652 FLETCHER DR

City

GARDEN GROVE

State

CA

Zip Code

92840-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098452

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GEORGE W. ENGLISH, III

Mailing Address 1002 TEXAS BOULEVARD
500

City

TEXARKANA

State

TX

Zip Code

75501-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100557

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JEANNE M. ENGLISH

Mailing Address 916 HANFORD AVE.

City

BREMERTON

State

WA

Zip Code

98310-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101383

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JERRY E. ENIS

Mailing Address 1433 NW 13TH TER

City

MIAMI

State

FL

Zip Code

33125-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100570

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SANDRA EPSTEIN

Mailing Address 738 N. QUAKER HILL ROAD

City

PAWLING

State

NY

Zip Code

12564-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

HORSE TRAINING/SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128664

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PETER ERCOLINO

Mailing Address 3004 BELSPRING LN

City

RALEIGH

State

NC

Zip Code

27612-5229

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095646

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL E. ERHART

Mailing Address 10627 SENNA HILLS DRIVE

City

AUSTIN

State

TX

Zip Code

78733-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERIZON COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13104972

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DIANA ERHART

Mailing Address 10627 SENNS HILLS DRIVE

City

AUSTIN

State

TX

Zip Code

78733-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13104973

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DUANE ERICKSON

Mailing Address 11849 390TH ST

City
ULEN

State
MN

Zip Code
56585-9469

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FARMING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124814

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ANNE MARIE ERSKINE

Mailing Address 41 SULLIVAN CHASE DR

City
AVONDALE

State
PA

Zip Code
19311-9348

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134155

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOYCE EVANS

Mailing Address 33 EVANS LANE

City
LAKE PLACID

State
NY

Zip Code
12946-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115379

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOYCE EVANS

Mailing Address 33 EVANS LANE

City

LAKE PLACID

State

NY

Zip Code

12946-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115380

Amount of Each Receipt this Period

124.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARJORIE A. EVANS

Mailing Address P.O. BOX 335

City

RIO GRANDE

State

OH

Zip Code

45674-0335

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120403

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANNABELLE EVERETT

Mailing Address 1631 SANDY LANE

City

HERMITAGE

State

PA

Zip Code

16148-6567

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100019

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

184.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ANNABELLE EVERETT

Mailing Address 1631 SANDY LANE

City

HERMITAGE

State

PA

Zip Code

16148-6567

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111705

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MIRIAM C. EVERHART

Mailing Address 807 N VINEYARD BLVD
APT A6

City

HONOLULU

State

HI

Zip Code

96817-3570

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107638

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MICHAEL FABRICANT

Mailing Address 433 W BASTANCHURY RD

City

FULLERTON

State

CA

Zip Code

92835-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST JUDE HERITAGE MEDICAL
GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096725

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID S. FAFARMAN

Mailing Address 4330 JANA VISTA RD

City

EL SOBRANTE

State

CA

Zip Code

94803-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107599

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH Z. FAILING

Mailing Address PO BOX 1605

City

WESTHAMPTON BEACH

State

NY

Zip Code

11978-7605

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119578

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ERVON E. FAIRBANKS

Mailing Address PO BOX 355

City

SKAGWAY

State

AK

Zip Code

99840-0355

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAIRWAY MARKET

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091475

Amount of Each Receipt this Period

99.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

339.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. H B. FAIRCHILD

Mailing Address PO BOX 86

City

SPARTA

State

MI

Zip Code

49345-0086

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094065

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GARY WAYNE FAITH

Mailing Address 3035 CLEAR WATER COURT

City

REDDING

State

CA

Zip Code

96002-5162

FEC ID number of contributing
federal political committee.

C

Name of Employer
P. G. & E.

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107751

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GARY WAYNE FAITH

Mailing Address 3035 CLEAR WATER COURT

City

REDDING

State

CA

Zip Code

96002-5162

FEC ID number of contributing
federal political committee.

C

Name of Employer
P. G. & E.

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118527

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRANCIS FALCK JR

Mailing Address 35 WASHINGTON ST

City

MYSTIC

State

CT

Zip Code

06355-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115617

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EDWARD C. FALLON

Mailing Address 301 S 7TH AVE.

City

WEST READING

State

PA

Zip Code

19611-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST READING RADIOLOGY AS-
SOCIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098373

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JAMES FALSTROM

Mailing Address 503 COX DR

City

IRVING

State

TX

Zip Code

75062-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124963

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN FAN

Mailing Address 2101 N WALDRON ST

City

HUTCHINSON

State

KS

Zip Code

67502-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119589

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CAROL FARMER

Mailing Address 698 PINEY CREEK RD.

City

BELLVILLE

State

TX

Zip Code

77418-9622

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111679

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. FAST

Mailing Address 1253 MADISON RD

City

FOSTORIA

State

OH

Zip Code

44830-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CONSULTANT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108699

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. FAST

Mailing Address 1253 MADISON RD

City

FOSTORIA

State

OH

Zip Code

44830-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117426

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CURLEY L. FAULK

Mailing Address 2301 KEENE DRIVE

City

SULPHUR

State

LA

Zip Code

70663-7209

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117589

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BEVERLY FEARNOW

Mailing Address 7727 N.E. 102ND ST.

City

JONES

State

OK

Zip Code

73049-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120703

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD A. FEDERSPIEL

Mailing Address 720 CEDAR ST
STE 280

City State Zip Code
SOUTH BEND IN 46617-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099693

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. FRANCES B. FEDORA

Mailing Address 17822 ACACIA DR

City State Zip Code
NORTH FORT MYERS FL 33917-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116554

Amount of Each Receipt this Period

45.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN P. FEEHERRY

Mailing Address 812 C STREET, SE

City State Zip Code
WASHINGTON DC 20003-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE FEEHERRY GROUP

Occupation
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113301

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY ANN FELLER

Mailing Address 106 S. 190 E.

City

VALPARAISO

State

IN

Zip Code

46383-7878

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116182

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES F. FENLON

Mailing Address 15606 PINE ST

City

OMAHA

State

NE

Zip Code

68130-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAMES F. FENLON PC

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108955

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. HATTIE K. FERGUSON

Mailing Address 1 PARKSTONE CIRCLE
APARTMENT 109

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-7096

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100652

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. RODRIGO J. FERNANDEZ

Mailing Address 480 4TH AVE
SUITE 516

City State Zip Code
CHULA VISTA CA 91910-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095637

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. VERA M. FERNAU

Mailing Address 112 MALLARD DRIVE

City State Zip Code
ARANSAS PASS TX 78336-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107592

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. VERA M. FERNAU

Mailing Address 112 MALLARD DRIVE

City State Zip Code
ARANSAS PASS TX 78336-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118994

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BRUCE R. FERRERO

Mailing Address 115 PARKVIEW LN

City

SEWICKLEY

State

PA

Zip Code

15143-9106

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ANESTHESIOLOGY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104849

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM B. FERRELL, JR.

Mailing Address 12546 N A1A

City

VERO BEACH

State

FL

Zip Code

32963-9411

FEC ID number of contributing
federal political committee.

C

Name of Employer
FERRELL REAL ESTATE/RANCH-
ES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RANCHER/REALTOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: SA11.13112663

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. WILMA L. FINSTERBUSCH

Mailing Address P.O. BOX 1901

City

OAKDALE

State

CA

Zip Code

95361-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094878

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. THERESA FIORENTINO

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123159

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANK A. FIORITO

Mailing Address 130 OAKLAND RD.

City

MAPLEWOOD

State

NJ

Zip Code

07040-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100768

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANK A. FIORITO

Mailing Address 130 OAKLAND RD.

City

MAPLEWOOD

State

NJ

Zip Code

07040-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117603

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PAUL D. FIRST

Mailing Address 7080 HOLLYWOOD BLVD STE. 902

City

LOS ANGELES

State

CA

Zip Code

90028-6959

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105454

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WESTBY G. FISHER

Mailing Address 2650 RIDGE AVE
3RD FL

City

EVANSTON

State

IL

Zip Code

60201-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
CARDIOLOGY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099710

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID T. FITZELLE

Mailing Address 929 PARKWAY BLVD

City

ALLIANCE

State

OH

Zip Code

44601-3759

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122496

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ANDREW FITZGERALD

Mailing Address 1605 HENDRY ST

City

FORT MYERS

State

FL

Zip Code

33901-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELISI FITZGERALD INC

Occupation

CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096700

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THOMAS FLANDERS

Mailing Address 3 S 480 SWAN RD

City

ELBURN

State

IL

Zip Code

60119

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095589

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

THOMAS FLANDERS

Mailing Address 3 S 480 SWAN RD

City

ELBURN

State

IL

Zip Code

60119

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095590

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS FLANDERS

Mailing Address 3 S 480 SWAN RD

City

ELBURN

State

IL

Zip Code

60119

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095591

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DON B. FLANIGAN

Mailing Address 336 5TH AVE SE

City

EPHRATA

State

WA

Zip Code

98823-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095242

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BARBARA M. FLEMING

Mailing Address 25 THORNTON WAY
APT 235

City

BRUNSWICK

State

ME

Zip Code

04011-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122597

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. EMMA FLESSNER

Mailing Address 1027 E. 2100 NORTH ROAD

City

FITHIAN

State

IL

Zip Code

61844-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097059

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. EMMA FLESSNER

Mailing Address 1027 E. 2100 NORTH ROAD

City

FITHIAN

State

IL

Zip Code

61844-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115999

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. EMMA FLESSNER

Mailing Address 1027 E. 2100 NORTH ROAD

City

FITHIAN

State

IL

Zip Code

61844-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116684

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. EMMA FLESSNER

Mailing Address 1027 E. 2100 NORTH ROAD

City

FITHIAN

State

IL

Zip Code

61844-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127154

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. NICOLE FLORA

Mailing Address 9280 W SUNSET RD
SUITE 426

City

LAS VEGAS

State

NV

Zip Code

89148-4862

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102129

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRIAN A. FLOURNOY

Mailing Address 6003 ARDEN ST.

City

SHREVEPORT

State

LA

Zip Code

71106-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'BRIEN ENERGY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105546

Amount of Each Receipt this Period

510.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. FREDERICK FLOYD

Mailing Address 2909 SAINT CLAUDE AVE

City

NEW ORLEANS

State

LA

Zip Code

70117-7226

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122320

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES E. FLURRY

Mailing Address 21 FERNDAL RD

City

BARRINGTON

State

IL

Zip Code

60010-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13104668

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES E. FLURRY

Mailing Address 21 FERNDAL RD

City

BARRINGTON

State

IL

Zip Code

60010-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13114201

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS B. FLYNN

Mailing Address 10101 PARK ROWE AVE. STE. 200

City

BATON ROUGE

State

LA

Zip Code

70810-1685

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122353

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CARL FOGLIANI

Mailing Address 8686 SCOTS PINE COURT

City

ELK GROVE

State

CA

Zip Code

95624-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA STATE ASSEMBLY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
CHIEF OF STAFF

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11.13125279

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ANITA B. FOLINO

Mailing Address 325 E GRAND RIVER AVE
STE 250

City

EAST LANSING

State

MI

Zip Code

48823-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLUNKETT & COONEY PC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PARTNER

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111286

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CHARLES B. FOOE

Mailing Address 6161 N COURCELLES PKWY

City

COEUR D ALENE

State

ID

Zip Code

83815-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN MEDICAL ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095666

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES D. FORAN

Mailing Address 11815 MEADOWSPRING LN

City

DALLAS

State

TX

Zip Code

75218-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122643

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD H. FORBES

Mailing Address 6 GARDEN LAKE CIR

City

GREENSBORO

State

NC

Zip Code

27410-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUILFORD TECH COMM COLL

Occupation
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095723

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DEBORAH FORD

Mailing Address 5705 US HIGHWAY 98 S

City

LAKELAND

State

FL

Zip Code

33812-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099690

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SHARON M. FOSTER

Mailing Address 8800 HOMETOWN DRIVE

City

RALEIGH

State

NC

Zip Code

27615-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
RALEIGH PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PEDIATRICIAN

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123739

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BRUCE MALCOLM FOULK

Mailing Address 38667 PARKVIEW DRIVE

City

WAYNE

State

MI

Zip Code

48184-1082

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117747

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JERRY FOUTS

Mailing Address P.O. BOX 213

City

MATHEWS

State

LA

Zip Code

70375-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129284

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GERARDO J. FRANCO

Mailing Address 11601 BISCAYNE BLVD SUITE 202

City

MIAMI

State

FL

Zip Code

33181-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096981

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JANELLE FRANCIS

Mailing Address PO BOX 19889

City

HOUSTON

State

TX

Zip Code

77224-9889

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

OIL PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114385

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. EDGAR R. FRANKLIN

Mailing Address 5625 POPLAR AVE

City

MEMPHIS

State

TN

Zip Code

38119-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105401

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PETER FRANK

Mailing Address 95 MYRTLE ISLAND RD

City

BLUFFTON

State

SC

Zip Code

29910-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer
COASTAL MEDICAL ASSOCIATES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098306

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CLARISSA E. FREDERICK

Mailing Address 20 LEADER LN

City

HERMON

State

NY

Zip Code

13652-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
HOMEMAKER

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115874

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GARY M. FREDERICK

Mailing Address 300 LARICK DR

City

MARION

State

IA

Zip Code

52302-5646

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124822

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID G. FREY

Mailing Address 200 OTTAWA AVENUE NW

City

GRAND RAPIDS

State

MI

Zip Code

49503-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125949

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD C. FREYMAN

Mailing Address 5349 HUMBOLDT DR.

City

ROCKLIN

State

CA

Zip Code

95765-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13104783

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PETER A. FRIEDMAN

Mailing Address P.O. BOX 5125

City

CULVER CITY

State

CA

Zip Code

90231-5125

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRIEDMAN AND ASSOC. INS

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126268

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES B. FROST

Mailing Address 3130 N COUNTY ROAD 25A

City

TROY

State

OH

Zip Code

45373-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091478

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ADRIENNE FUEG

Mailing Address 761 JOHNSONBURG RD STE 120

City

SAINT MARYS

State

PA

Zip Code

15857-3480

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098415

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANTHONY FUGARO

Mailing Address 937 E HAVERFORD RD
SUITE 204

City State Zip Code
BRYN MAWR PA 19010-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096722

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ERIC FURST

Mailing Address 5504 BACKLICK RD

City State Zip Code
SPRINGFIELD VA 22151-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122355

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SUSAN C. FURSTENBERG

Mailing Address 6603 W 132ND TER

City State Zip Code
SHAWNEE MISSION KS 66209-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

MANAGEMENT

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122578

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. TRISHA M. FUSCH

Mailing Address 11223 DWARFS CIRCLE

City

DALLAS

State

TX

Zip Code

75229-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIVATE SCHOOL

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108153

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. TRISHA M. FUSCH

Mailing Address 11223 DWARFS CIRCLE

City

DALLAS

State

TX

Zip Code

75229-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIVATE SCHOOL

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13118060

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BARRY GACH

Mailing Address 1325 S CONGRESS AVE
211

City

BOYNTON BEACH

State

FL

Zip Code

33426-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096729

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARC I. GAINES

Mailing Address 1860 COLONIAL MEDICAL COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23454-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAYVIEW PHYSICIANS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123726

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. RUTH GALGANO

Mailing Address 66 N DE BAUN AVE APT 304

City

AIRMONT

State

NY

Zip Code

10901-5151

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121719

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRED J. GALI

Mailing Address 3950 E HAWSER ST.
TRAILER 25

City

TUCSON

State

AZ

Zip Code

85739-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124019

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WARREN GALKIN

Mailing Address 29 SAGE DRIVE

City

WARWICK

State

RI

Zip Code

02886-6826

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATCO PRODUCTS CORP

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101510

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

TERRY GALLAGHER

Mailing Address 3169 SALTEN WAY

City

SPARKS

State

NV

Zip Code

89431-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
US MARSHAL SERVICE

Occupation
COURT SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118663

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER GALLER

Mailing Address 5275 - 190TH STREET WEST

City

FARMINGTON

State

MN

Zip Code

55024-9431

FEC ID number of contributing
federal political committee.

C

Name of Employer
MN ASSOC OF REALTORS

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134698

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LEROY GALLESTEIN

Mailing Address 1350 MEDICAL PARK DR

City

MAYSVILLE

State

KY

Zip Code

41056-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125476

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARTIN R. GALLO, M.D.

Mailing Address 3743 HIGHLAND AVE
STE 1002

City

DOWNERS GROVE

State

IL

Zip Code

60515-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE MEDICAL GRROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099089

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ALLEN E. GAMESON

Mailing Address RR 3 BOX 166

City

OLNEY

State

TX

Zip Code

76374-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122607

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. TATYANA GANOPOLSKY

Mailing Address 2110 HERCULES DR

City

LOS ANGELES

State

CA

Zip Code

90046-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107269

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAGOBERTO J. GARCES

Mailing Address 1321 NW 14TH ST STE 302

City

MIAMI

State

FL

Zip Code

33125-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123612

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DENNIS GARDNER

Mailing Address 4077 MCCLAIN RD

City

LIMA

State

OH

Zip Code

45806-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106119

Amount of Each Receipt this Period

160.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY E. GARDNER

Mailing Address 3250 E 68TH ST

City

LONG BEACH

State

CA

Zip Code

90805-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124951

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JOAN GARDNER

Mailing Address 2412 INGLESIDE AVE.

City

CINCINNATI

State

OH

Zip Code

45206-2187

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117332

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JOAN A. GARDNER

Mailing Address 20 DOLPHIN LANE

City

KEY LARGO

State

FL

Zip Code

33037-5214

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128413

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

535.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GURDEV GAREWAL

Mailing Address 12300 MCCracken RD

City

CLEVELAND

State

OH

Zip Code

44125-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119592

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN R. GARINO

Mailing Address 47 DEER PATH TRL

City

BURR RIDGE

State

IL

Zip Code

60527-8359

FEC ID number of contributing
federal political committee.

C

Name of Employer
HLG ANESTHESIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102136

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. HELEN W. GARRETT

Mailing Address 306 OLD OAK RD

City

RICHMOND

State

VA

Zip Code

23229-7536

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127049

Amount of Each Receipt this Period

680.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. GRACE GAULT

Mailing Address 2354 WILDERNESS HL

City

SAN ANTONIO

State

TX

Zip Code

78231-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105557

Amount of Each Receipt this Period

260.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARK E. GEBHART

Mailing Address 10498 DAYTON CINCINNATI PIKE

City

MIAMISBURG

State

OH

Zip Code

45342-6258

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
EMERGENCY MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115610

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. SAM GEDULIG

Mailing Address 1001 PENNSYLVANIA AVE, NW
SUITE 750 SOUTH

City

WASHINGTON

State

DC

Zip Code

20004-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLARKE LYTTLE AND GEDULIG

Occupation
SENIOR PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13113286

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT GEER

Mailing Address 105 W STONE DR
1ST FLOOR

City

KINGSPORT

State

TN

Zip Code

37660-3256

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098423

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT A. GEHRING

Mailing Address 183 SUNSET VIEW DR

City

DOYLESTOWN

State

PA

Zip Code

18901-2762

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13139147

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HENRI GEIER

Mailing Address P.O. BOX 207

City

OTIS ORCHARDS

State

WA

Zip Code

99027-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095294

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RALPH H. GEIER

Mailing Address 805 SCHOOL RD NW
APT 105

City State Zip Code
HUTCHINSON MN 55350-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095660

Amount of Each Receipt this Period

410.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. EDNA L. GEIGER

Mailing Address 7580 S FORK DR

City State Zip Code
CONROE TX 77303-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. POST OFFICE

Occupation
MAIL CARRIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118573

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY K. GELNAR

Mailing Address 2504 ROSEWOOD LN

City State Zip Code
EDMOND OK 73013-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13102021

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. NINA GENEMATAS

Mailing Address 4505 LAURELWOOD DR

City

HARRISBURG

State

PA

Zip Code

17110-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128105

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. GENTZ

Mailing Address 4444 E CAMELBACK RD.
UNIT 20

City

PHOENIX

State

AZ

Zip Code

85018-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096108

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. GENTZ

Mailing Address 4444 E CAMELBACK RD.
UNIT 20

City

PHOENIX

State

AZ

Zip Code

85018-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13105162

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ELAINA F. GEORGE

Mailing Address 1776 PEACHTREE ST NW

City

ATLANTA

State

GA

Zip Code

30309-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095644

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TERRY GERARD

Mailing Address 802 S JACKSON AVENUE

City

TULSA

State

OK

Zip Code

74127-9015

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100551

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PETER C. GERSZTEN

Mailing Address 200 LOTHROP SUITE B400

City

PITTSBURGH

State

PA

Zip Code

15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096984

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SYLVIA M. GETTY

Mailing Address 5060 NORTHLAWN CIR.

City

MURRYSVILLE

State

PA

Zip Code

15668-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102287

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ABDUL GHANI

Mailing Address 17850 KEDZIE AVE # 3250

City

HAZEL CREST

State

IL

Zip Code

60429-2082

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105459

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ANDRE E. GHANTOUS

Mailing Address 55 BROOKRIDGE LANE

City

GUILFORD

State

CT

Zip Code

06437-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100496

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PIYA GHOSHAL

Mailing Address 116 BROADWAY # 6

City

AMITYVILLE

State

NY

Zip Code

11701-2797

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094083

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. GIARRACCO

Mailing Address 3 BUCKNELL LANE

City

STONY BROOK

State

NY

Zip Code

11790-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100386

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. GIARRACCO

Mailing Address 3 BUCKNELL LANE

City

STONY BROOK

State

NY

Zip Code

11790-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111847

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. LEE A. GIBBONS

Mailing Address 9759 IL. ROUTE 125

City

BEARDSTOWN

State

IL

Zip Code

62618-7877

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121850

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SPENCER D. GIBSON

Mailing Address 29906 DIXIE AVE

City

RANDOLPH

State

MN

Zip Code

55065-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115521

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DONNA M. GIDDENS

Mailing Address 390 EVERETT PL

City

DANVILLE

State

CA

Zip Code

94526-4223

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125542

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM D. GIESEKE

Mailing Address 5130 LINTON BLVD STE B2

City

DELRAY BEACH

State

FL

Zip Code

33484-6595

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120674

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WAYNE P. GILBERT

Mailing Address 3201 BRISTOL HWY
7

City

JOHNSON CITY

State

TN

Zip Code

37601-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096676

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHRIS GILISSEN

Mailing Address 5761 E THE TOLEDO

City

LONG BEACH

State

CA

Zip Code

90803-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124829

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARION R. GILLESPIE

Mailing Address 108 CARTER OAKS DRIVE

City

ANDERSON

State

SC

Zip Code

29621-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUDOXCAN EXE.

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130281

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. GENEVIEVE A. GINSBERG

Mailing Address 9206 RAINBOW LANE

City

PORT RICHEY

State

FL

Zip Code

34668-5158

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13104643

Amount of Each Receipt this Period

80.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BRUCE M. GIOIA

Mailing Address PO BOX 890

City

REIDSVILLE

State

GA

Zip Code

30453-0890

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096680

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN H. GIVAN

Mailing Address 1200 38TH STREET
APARTMENT 30

City State Zip Code
BAKERSFIELD CA 93301-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102877

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE GLASCOTT

Mailing Address 5147 JARVIS AVE

City State Zip Code
LA CANADA FLINTRID CA 91011-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123902

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ORIS J. GLASS

Mailing Address 11 GINGER WOODS RD

City State Zip Code
VALLEY NE 68064-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

BLOODSTOCK AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096406

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CRAIG R. GLAUSER

Mailing Address 2535 W OAK ST

City

DENTON

State

TX

Zip Code

76201-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122309

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL GLENN

Mailing Address 2818 BROWNLEAF COVE

City

GERMANTOWN

State

TN

Zip Code

38138-7366

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOME CHOICE HEALTH SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127067

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BARBARA J. GLERUM

Mailing Address 5112 PICCADILLY CIRCLE

City

WESTMINSTER

State

CA

Zip Code

92683-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101863

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. AGNIESZKA A. GLIWA

Mailing Address 934 MANHATTAN AVE

City

BROOKLYN

State

NY

Zip Code

11222-5915

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107404

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RAYMOND GLOVER

Mailing Address 4859 LOWER SMITH RIVER RD

City

REEDSPORT

State

OR

Zip Code

97467-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RANCHER

Aggregate Year-to-Date ▼

929.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125604

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. GLYE

Mailing Address 2960 GOOSE CREEK RD
APARTMENT D212

City

LOUISVILLE

State

KY

Zip Code

40241-2473

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106266

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JENNIFER WHITE GOBEL

Mailing Address 1880 LIVINGSTON AVE
STE 102

City State Zip Code
WEST SAINT PAUL MN 55118-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109983

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. BRIGITTE GOLAY

Mailing Address 1921 FALLING SUN CIRCLE

City State Zip Code
VIRGINIA BCH VA 23454-6505

FEC ID number of contributing
federal political committee.

C

Name of Employer
KETTLER INTEL

Occupation
SALES CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111649

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS GOLBERT

Mailing Address 706 ALEXANDER RD

City State Zip Code
PRINCETON NJ 08540-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105453

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JACOBO GOLDBERG

Mailing Address 7500 BEECHNUT ST
STE 352

City State Zip Code
HOUSTON TX 77074-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096992

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELSIE M. GONSHOLT

Mailing Address 2330 WOOD AVE

City State Zip Code
COLORADO SPRINGS CO 80907-6774

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127668

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FRANCISCO GONZALEZ

Mailing Address 3 RICHLAND MEDICAL PARK DR
STE 270

City State Zip Code
COLUMBIA SC 29203-6851

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104837

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JULIA GOODIN

Mailing Address 5241 WOODLAND AVE

City

DES MOINES

State

IA

Zip Code

50312-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PATHOLOGY - FORENSIC

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096681

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANK GOODPASTURE, JR.

Mailing Address 3415 LEE HWY

City

BRISTOL

State

VA

Zip Code

24202-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOODPASTURE MOTOR CO. INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

TEACHER

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108425

Amount of Each Receipt this Period

56.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CALVIN C. GOODRICH

Mailing Address 2006 EVERGREEN RIDGE DRIVE

City

CINCINNATI

State

OH

Zip Code

45215-5710

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111634

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

306.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JIMMY R. GOODWIN

Mailing Address 7 HERMITAGE TRCE

City

MONROE

State

LA

Zip Code

71203-8705

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.O. AND ASSOCIATES

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113034

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN C. GORDON

Mailing Address 6830 HOSPITAL DR #202

City

ROSEDALE

State

MD

Zip Code

21237-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123625

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT M. GORDON

Mailing Address QUAKER HOLLOW ROAD

City

MCKEES ROCKS

State

PA

Zip Code

15136

FEC ID number of contributing
federal political committee.

C

Name of Employer
GORDON TERMIT SVC CO

Occupation
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108390

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TIMOTHY GOUNDREY

Mailing Address 1000 ASYLUM AVE STE 3207

City

HARTFORD

State

CT

Zip Code

06105-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091481

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD G. GOWER

Mailing Address 823 W 7TH AVENUE

City

SPOKANE

State

WA

Zip Code

99204-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099088

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRUCE C. GRABER

Mailing Address 35 SOUTHGATE DR

City

ANNANDALE

State

NJ

Zip Code

08801-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099130

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BERTIL GRANBORG

Mailing Address P.O. BOX 6695

City

INCLINE VILLAGE

State

NV

Zip Code

89450-6695

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13116202

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BERTIL GRANBORG

Mailing Address P.O. BOX 6695

City

INCLINE VILLAGE

State

NV

Zip Code

89450-6695

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13127707

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GEORGE R. GRANT

Mailing Address 2708 KINGSLEY RD

City

RALEIGH

State

NC

Zip Code

27612-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
IMMUNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13096679

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GERALD E. GRANT

Mailing Address 617 HILLTOP DRIVE

City

RUSSELLVILLE

State

AR

Zip Code

72802-8818

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120700

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JARROD GRASSO

Mailing Address 23 FIELD STREET

City

TOMS RIVER

State

NJ

Zip Code

08753-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
NJ ASSOCIATION OF REALTORS

Occupation
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096019

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JACK O. GRATCH

Mailing Address PO BOX 471017

City

FORT WORTH

State

TX

Zip Code

76147-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer
FORT WORTH DIALYSIS ASSOC.
INC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109960

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1440.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARK L. GRAVLEE

Mailing Address 2500 HOSPITAL BOULEVARD SUITE 410

City

ROSWELL

State

GA

Zip Code

30076-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096980

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. GRAYSON

Mailing Address 118 51ST ST

City

HOLMES BEACH

State

FL

Zip Code

34217-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

LAND LORD

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124960

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARION J. GRDEN

Mailing Address 240 S WASHINGTON ST

City

BALTIMORE

State

MD

Zip Code

21231-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098698

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARION J. GRDEN

Mailing Address 240 S WASHINGTON ST

City

BALTIMORE

State

MD

Zip Code

21231-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099390

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVE GRECO

Mailing Address 415 HOLLY CIRCLE

City

WHITEVILLE

State

NC

Zip Code

28472-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099086

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS MARTHA E. GREEN

Mailing Address 405 N WALNUT ST

City

LAMPASAS

State

TX

Zip Code

76550-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122962

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

R GREENLAW

Mailing Address 904 E SOUTH ST

City

LINDALE

State

TX

Zip Code

75771-3388

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096071

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. GREEN

Mailing Address 704 W. LOWELL AVENUE

City

HAVERHILL

State

MA

Zip Code

01832-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110017

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ELLIS R. GREGORY

Mailing Address 1570 CRENSHAW PT

City

WAKE FOREST

State

NC

Zip Code

27587-7377

FEC ID number of contributing
federal political committee.

C

Name of Employer
EJIEW TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107512

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RALPH GREMMEL

Mailing Address 9619 RALSON BEND LN

City

KATY

State

TX

Zip Code

77494-0529

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMA INSURANCE

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114366

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY L. GRIER

Mailing Address 436A SISTERDALE RD.

City

BOERNE

State

TX

Zip Code

78006-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121217

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD PAUL GRIFFITH

Mailing Address 4756 CLAYTON ROAD
APT 115

City

CONCORD

State

CA

Zip Code

94521-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121536

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID M. GRIMES, SR.

Mailing Address 2902 MIDLANE ST.

City

HOUSTON

State

TX

Zip Code

77027-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRIMES ENERGY

Occupation
OIL & GAS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121928

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. E. DOUGLAS GRINDSTAFF

Mailing Address 6210 BELLE RIVER DRIVE

City

BRENTWOOD

State

TN

Zip Code

37027-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
C&M GROUP

Occupation
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133538

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GERARD GROSSO

Mailing Address 7853 DANBY DRIVE

City

ANNANDALE

State

VA

Zip Code

22003-5316

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107774

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5085.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GERARD GROSSO

Mailing Address 7853 DANBY DRIVE

City

ANNANDALE

State

VA

Zip Code

22003-5316

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113315

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KENNETH G. GROSS

Mailing Address 5222 BALBOA AVE
FL 6

City

SAN DIEGO

State

CA

Zip Code

92117-6963

FEC ID number of contributing
federal political committee.

C

Name of Employer
SKIN SURGERY MEDICAL GROU-
P, INC

Occupation
DERMATOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096735

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. W. R. GROW, II

Mailing Address 248 MINERAL ST

City

POTTSTOWN

State

PA

Zip Code

19464-3942

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122691

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JOHN GRUDE

Mailing Address 8905 SCENIC HARBOR DR

City

LAS VEGAS

State

NV

Zip Code

89117-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112011

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GARLAND K. GUDGER

Mailing Address 6262 VETERANS PARKWAY

City

COLUMBUS

State

GA

Zip Code

31909-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123616

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVID GUHA

Mailing Address 4142 ELBERTSON ST
STE 102

City

ELMHURST

State

NY

Zip Code

11373-1661

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095972

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TOM F. GUMPRECHT

Mailing Address 7445 SE 71ST ST

City

MERCER ISLAND

State

WA

Zip Code

98040-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 9

Transaction ID: SA11.13125305

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PARUL GUPTA

Mailing Address 979 N GEM ST

City

TULARE

State

CA

Zip Code

93274-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107123

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JEANNE GUSTAFSON

Mailing Address P.O. BOX 3609

City

VAIL

State

CO

Zip Code

81658-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123918

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ONSI HAB

Mailing Address 1020 S ANAHEIM BLVD
SUITE 214

City State Zip Code
ANAHEIM CA 92805-5808

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095642

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE S. HACK

Mailing Address 4287 HUNTING TRL.

City State Zip Code
LAKE WORTH FL 33467-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOGUS MFG CORP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123263

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOAN B. HADLEY

Mailing Address 1801 BAYADERE TERRACE

City State Zip Code
CORONA DEL MAR CA 92625-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

THOROUGHbred DEVELOPMENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127123

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JERRY HAGEE

Mailing Address 45 GALLERIA DR

City

SAN ANTONIO

State

TX

Zip Code

78257-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107875

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CECIL J. HAGGERTY

Mailing Address 77 WEST AVE

City

BROCKPORT

State

NY

Zip Code

14420-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098416

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BETTY J. HALEY

Mailing Address 8109 OLD STATE ROAD 60

City

SELLERSBURG

State

IN

Zip Code

47172-1846

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105768

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HARRY J. HALEY

Mailing Address 156 W BROADWAY
APARTMENT A.

City	State	Zip Code
PORT JEFFERSON	NY	11777-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13099129

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL HALGRIMSON

Mailing Address 3600 E ALAMEDA AVE
120

City	State	Zip Code
DENVER	CO	80209-3189

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: SA11.13105470

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES A. HALL

Mailing Address 588 SMITHVILLE RD

City	State	Zip Code
SOUTHAMPTON	NJ	08088-3332

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122618

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN HALL

Mailing Address 414 ALBEMARLE SQ

City

CHARLOTTESVILLE

State

VA

Zip Code

22901-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC COAST ORTHOPAEDIC
SPECIALISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111098

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LETAR. HALL

Mailing Address 331 CAMERON DRIVE

City

ALTUS

State

OK

Zip Code

73521-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121930

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY E. HALL

Mailing Address 170 NORWOOD DR

City

COUNCIL BLUFFS

State

IA

Zip Code

51503-5855

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113224

Amount of Each Receipt this Period

65.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY E. HALL

Mailing Address 170 NORWOOD DR

City

COUNCIL BLUFFS

State

IA

Zip Code

51503-5855

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120923

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. TALAL N. HAMATI

Mailing Address 8601 SEPULVEDA BLVD

City

NORTH HILLS

State

CA

Zip Code

91343-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRE OWNED AUTO SALES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096325

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RIZWANULLAH HAMEED

Mailing Address 86 E 49TH ST
SUITE D

City

BROOKLYN

State

NY

Zip Code

11203-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFECTIOUS DISEASES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102113

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN C. HAMEL

Mailing Address 408 N STATE OF FRANKLIN RD
SUITE 42

City State Zip Code
JOHNSON CITY TN 37604-6088

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115625

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JEFFREY HAMILTON

Mailing Address PO BOX 7289

City State Zip Code
BLOOMINGTON IN 47407-7289

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095841

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JIMMY L. HAMILTON

Mailing Address 4381 S EASON BLVD
STE 202

City State Zip Code
TUPELO MS 38801-6585

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE SURGERY CLINIC OF TUP-
ELO

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111146

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN S. HAMILTON

Mailing Address 2805 OLD RIVER ROAD SE

City

DECATUR

State

AL

Zip Code

35603-5547

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130217

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL R. HAMILTON

Mailing Address 413 W CREEK ST

City

FREDERICKSBURG

State

TX

Zip Code

78624-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117318

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. GAIL HAMMACK

Mailing Address 78145 WADE GULCH LN

City

LOSTINE

State

OR

Zip Code

97857-6420

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099752

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LUANNE B. HANCOCK

Mailing Address 10601 CALM HILL CIR

City

SANTA ANA

State

CA

Zip Code

92705-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098397

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JON HANLON

Mailing Address 2122 E HIGHLAND AVE
STE 300

City

PHOENIX

State

AZ

Zip Code

85016-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107408

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ERIC HANNAY

Mailing Address 118 LAWSON LAKE RD.

City

FEURA BUSH

State

NY

Zip Code

12067-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
HANNAY REELS

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105081

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOE E. HANNAH

Mailing Address 1126 N CRENSHAW ST

City

VISALIA

State

CA

Zip Code

93291-7885

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134014

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT S. HANNAH

Mailing Address P.O. BOX 1637

City

FRIDAY HARBOR

State

WA

Zip Code

98250-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123899

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WAHID T. HANNA

Mailing Address 1934 ALCOA HIGHWAY BLDG D SUITE 47

City

KNOXVILLE

State

TN

Zip Code

37920-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096976

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DARCY J. HANSEN

Mailing Address 1145 19TH ST NW
210

City State Zip Code
WASHINGTON DC 20036-3736

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125513

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. J. A. HANSEN

Mailing Address 95 SKIDAWAY ISLAND PARK RD
UNIT 50

City State Zip Code
SAVANNAH GA 31411-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120158

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMES T. HANSEN

Mailing Address 53 S PUUNENE AVE
SUITE 127

City State Zip Code
KAHULUI HI 96732-2192

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAUI GASTROENTEROLOGY INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120670

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. SCOTT F. HANSEN

Mailing Address 370 9TH AVE
205

City State Zip Code
SALT LAKE CITY UT 84103-3184

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094122

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ROSEMARY D. HARDART

Mailing Address 321 CENTRAL PKWY

City State Zip Code
MOUNT VERNON NY 10552-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122631

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. JOHN C. HARDIN

Mailing Address 1501 KINGS HWY

City State Zip Code
SHREVEPORT LA 71103-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115621

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. NANCY J. HARING

Mailing Address 1725 PINE ST

City

MONTGOMERY

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100486

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JAMES HARKINS

Mailing Address 4465 SANDY WATER LANE

City

PLANO

State

TX

Zip Code

75024-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER/C.E.O.

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125314

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANTOINETTE HARLEY

Mailing Address P.O. BOX 1013

City

ROSS

State

CA

Zip Code

94957-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107744

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. ANTOINETTE HARLEY

Mailing Address **P.O. BOX 1013**

City State Zip Code
ROSS CA 94957-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 28 / 2009

Transaction ID: SA11.13127487

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BARRY HARMAN

Mailing Address **8095 S 200 W**

City State Zip Code
CLAYPOOL IN 46510-8991

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRONIC

Occupation
MACHINIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2009

Transaction ID: SA11.13109998

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JEFFREY A. HARPER

Mailing Address **2241 KETTNER BLVD.
 SUITE 300**

City State Zip Code
SAN DIEGO CA 92101-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
**HARPER CONSTRUCTION CO.
 INC.**

Occupation
GENERAL CONTRACTOR/PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

09 / 23 / 2009

Transaction ID: SA11.13115747

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CLARENCE R. HARRIS

Mailing Address 11805 N DOWNS SQ

City

RICHMOND

State

VA

Zip Code

23238-3475

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108274

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLIFFORD J. HARRISON, JR.

Mailing Address 102 ABBOTSFORD DRIVE

City

NASHVILLE

State

TN

Zip Code

37215-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13113294

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DEVIN HARRISON

Mailing Address 475 BRADLEY BLVD

City

RICHLAND

State

WA

Zip Code

99352-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125479

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. G LOWNDES HARRISON

Mailing Address 200 MEDICAL CENTER DR

City

GADSDEN

State

AL

Zip Code

35903-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111145

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HAROLD B. HARRISON

Mailing Address 610 3RD ST 202

City

MACON

State

GA

Zip Code

31201-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112785

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSHUA M. HARRISON

Mailing Address 207 LEE AVE

City

COLLEGE STATION

State

TX

Zip Code

77840-3178

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106384

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSHUA M. HARRISON

Mailing Address 207 LEE AVE

City

COLLEGE STATION

State

TX

Zip Code

77840-3178

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121904

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN HARRIS

Mailing Address 28 LAUREL MOUNTAIN WAY

City

CALIFON

State

NJ

Zip Code

07830-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119561

Amount of Each Receipt this Period

600.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARVIN HARRIS

Mailing Address 104 TEAL CIR

City

HAMPSTEAD

State

NC

Zip Code

28443-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122652

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD HARRIS

Mailing Address 920 FRANKLIN ST SE

City

HUNTSVILLE

State

AL

Zip Code

35801-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125527

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. VICTORIA HARRIS

Mailing Address 6195 PIONEER RD

City

MEDFORD

State

OR

Zip Code

97501-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROGUE VALLEY MEDICAL CENT-
ER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095271

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. VICTORIA HARRIS

Mailing Address 6195 PIONEER RD

City

MEDFORD

State

OR

Zip Code

97501-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROGUE VALLEY MEDICAL CENT-
ER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098414

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES W. HARSTE

Mailing Address 1609 WESTERHAM LOOP

City

TRINITY

State

FL

Zip Code

34655-7156

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128294

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MELISSA A. HART

Mailing Address 118 BOOTHBAY HARBOR

City

BRADFORD WOODS

State

PA

Zip Code

15015-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113267

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN B. HARTE, M.D.

Mailing Address

City

LAS VEGAS

State

NV

Zip Code

89144

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
OB/GYN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130700

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. STUART E. HARTIGAN

Mailing Address 444 GRANITE AVE

City

MONROVIA

State

CA

Zip Code

91016-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125599

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLYDE HARTLEY

Mailing Address 2301 NORTH STREET

City

GULFPORT

State

MS

Zip Code

39507-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101283

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD S. HARTLEY

Mailing Address 5715 ELDERGARDENS STREET

City

SAN DIEGO

State

CA

Zip Code

92120-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097042

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. HARTNETT

Mailing Address 5285 BRECC LN

City

SPRUCE CREEK

State

PA

Zip Code

16683

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13109472

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. HARVEY

Mailing Address 41 CIRCUIT RD

City

BELLPORT

State

NY

Zip Code

11713-2336

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124984

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. NANCY W. HASELHORST

Mailing Address 6205 MINERAL POINT ROAD
APARTMENT 810

City

MADISON

State

WI

Zip Code

53705-4581

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123284

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT L. HASH

Mailing Address 4715 WHITESBURG DR S

City

HUNTSVILLE

State

AL

Zip Code

35802-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SURGERY - GENERAL

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099756

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SCOTT HASTINGS

Mailing Address 6649 BROKEN ARROW WAY

City

SHOW LOW

State

AZ

Zip Code

85901-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096767

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BURTON G. HATCH

Mailing Address 1200 MIRA MAR AVE APT 408

City

MEDFORD

State

OR

Zip Code

97504-8563

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124877

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. RICHARD HAUBOLDT

Mailing Address S44W32771 RHAPSODY LN

City

WAUKESHA

State

WI

Zip Code

53189-9445

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106833

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAN M. HAUSERMAN

Mailing Address 4 TROJAN COURT

City

RANCHO MIRAGE

State

CA

Zip Code

92270-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115751

Amount of Each Receipt this Period

175.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HARRIS M. HAUSER

Mailing Address 5555 DEL MONTE DRIVE
1703

City

HOUSTON

State

TX

Zip Code

77056-4185

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130028

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CRAIG HAWKER

Mailing Address 13973 SOUTH OSBORNE LANE

City

DRAPER

State

UT

Zip Code

84020-8603

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105727

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SANFORD R. HAWKINS

Mailing Address 108 HAMPTON CT

City

THOMASVILLE

State

GA

Zip Code

31792-8724

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098463

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. A HAWWA

Mailing Address 12000 MCCracken RD # 460

City

CLEVELAND

State

OH

Zip Code

44125-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105465

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CHARLES HAYDEN

Mailing Address 788 HUGHES RD

City

MADISON

State

AL

Zip Code

35758-8963

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102130

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWIN O. HAYNES, SR.

Mailing Address 17063 SEDONA DR

City

ABINGDON

State

VA

Zip Code

24211-5691

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099411

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SARAH J. HAYS

Mailing Address 1 W LAKESHORE DR
220

City

BIRMINGHAM

State

AL

Zip Code

35209-7271

FEC ID number of contributing
federal political committee.

C

Name of Employer
VISION FIRST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111164

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TRACY D. HAYS

Mailing Address 1311 N WASHINGTON AVE

City

DALLAS

State

TX

Zip Code

75204-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094107

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM B. HEARN

Mailing Address 11221 MARBLEHEAD MANOR CT

City

FORT MYERS

State

FL

Zip Code

33908-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102138

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH A. HECKMAN

Mailing Address 3144 S WHEELING WAY
APARTMENT 301

City

AURORA

State

CO

Zip Code

80014-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118972

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BERNHARD HEERSINK

Mailing Address 21 HIGHLAND AVE # 1

City

NEWBURYPORT

State

MA

Zip Code

01950-3873

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13099075

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BARBARA HEFFLEBOWER

Mailing Address 850 66TH AVE

City

VERO BEACH

State

FL

Zip Code

32966-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13101868

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ALISA HEGYI

Mailing Address 245 PARK AVENUE 39TH FLOOR

City

NEW YORK CITY

State

NY

Zip Code

10167-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: SA11.13108765

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. GAIL L. HEINE

Mailing Address 171 COMMERCE ST

City

GRETNA

State

LA

Zip Code

70056-7029

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119610

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JON HEINE

Mailing Address 925 GESSNER RD
400

City

HOUSTON

State

TX

Zip Code

77024-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091521

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PAUL HELD

Mailing Address 3605 EAST AVENUE

City

ROCHESTER

State

NY

Zip Code

14618-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLSTATE TOOL AND DIE INC.

Occupation

OWNER PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095171

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. REGINA B. HELDRICH

Mailing Address 239 HARRISON AVENUE

City

HIGHLAND PARK

State

NJ

Zip Code

08904-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127054

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY HELM

Mailing Address 61 MOLENSTRAAT

City

VISALIA

State

CA

Zip Code

93277-8326

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111673

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY HELM

Mailing Address 61 MOLENSTRAAT

City

VISALIA

State

CA

Zip Code

93277-8326

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127742

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GARY HELMBRECHT

Mailing Address

City

CHARLOTTESVILLE

State

VA

Zip Code

22911

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096332

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. NABIH F. HELMI

Mailing Address 7326 W CHEYENNE AVE

City

LAS VEGAS

State

NV

Zip Code

89129-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091497

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JAMES D. HELVEY

Mailing Address 11798 SUNCREST DRIVE

City

WALTON

State

KY

Zip Code

41094-9332

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116350

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID HEMENWAY

Mailing Address 77614 HWY 99

City

COTTAGE GROVE

State

OR

Zip Code

97424-9330

FEC ID number of contributing
federal political committee.

C

Name of Employer
REMAX ADVANTAGE PLUS

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125399

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MAUREEN T. HEMOND

Mailing Address 419 US ROUTE 1

City

SCARBOROUGH

State

ME

Zip Code

04074-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEN LIBBYS INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095655

Amount of Each Receipt this Period

99.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BILL HEMRICK

Mailing Address 2007 JOHNSON INDUSTRIAL BLVD.
SUITE 200

City

NOLENSVILLE

State

TN

Zip Code

37135-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13135359

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS
REQUESTED

SUBTOTAL of Receipts This Page (optional)

2099.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BRUCE HENDERSON

Mailing Address 44555 WOODWARD AVE
STE 407

City State Zip Code
PONTIAC MI 48341-5036

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096334

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CRAIG E. HENDERSON

Mailing Address 804 W PARK AVE
SUITE A

City State Zip Code
OCEAN NJ 07712-7272

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107463

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BILL J. HENDRICKSEN

Mailing Address 22 LINDA ISLE

City State Zip Code
NEWPORT BEACH CA 92660-7206

FEC ID number of contributing
federal political committee.

C

Name of Employer
ISLAND COLD STORAGE

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115356

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. JOHN HENDRIXMailing Address 1722 PINE ST
402City State Zip Code
MONTGOMERY AL 36106-1159FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124790

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. NANCY B. HENKE

Mailing Address 425 VILLAGE DRIVE

City State Zip Code
DAPHNE AL 36526-4003FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108241

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES L. HENLEY

Mailing Address 5 WALNUT PL

City State Zip Code
ANGLETON TX 77515-3458FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100103

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

700.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES L. HENLEY

Mailing Address 5 WALNUT PL

City

ANGLETON

State

TX

Zip Code

77515-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121825

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. EMMALINE HENN

Mailing Address 6 MEADOW CT

City

HUNTINGTON

State

IN

Zip Code

46750-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097095

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. EMMALINE HENN

Mailing Address 6 MEADOW CT

City

HUNTINGTON

State

IN

Zip Code

46750-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118565

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. SAMUEL D. HENNESSEE

Mailing Address 8040 CLEARVISTA PKWY SUITE 150

City

INDIANAPOLIS

State

IN

Zip Code

46256-4673

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123703

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DONALD M. HENRIKSON

Mailing Address 11374 MARJON DR

City

NEVADA CITY

State

CA

Zip Code

95959-9629

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLACER COUNTY (CA) CORONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN (FORENSIC PATH)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111431

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RONALD HENRY

Mailing Address 135 VISION PARK BLVD

City

SHENANDOAH

State

TX

Zip Code

77384-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124796

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. W. R. HENSARLING

Mailing Address 1235 HENSARLING LANE

City

MADISONVILLE

State

TX

Zip Code

77864-3078

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120539

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GENE N. HERBEK

Mailing Address 8303 DODGE ST

City

OMAHA

State

NE

Zip Code

68114-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer
METHODIST HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095663

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ALBERTO M. HERNANDEZ SR

Mailing Address 2695 S LE JEUNE RD STE 300

City

MIAMI

State

FL

Zip Code

33134-5840

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096703

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. HUMBERTO HERNANDEZ

Mailing Address 7500 SW 8TH ST # 303

City

MIAMI

State

FL

Zip Code

33144-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105403

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CAROLINE A. HERRICK

Mailing Address 33 FALLS BRIDGE RD

City

BLUE HILL

State

ME

Zip Code

04614-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAINE MARITIME ACADEMY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PROFESSOR OF ENGINEERING

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122715

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. VERNON J. HERSHBERGER

Mailing Address 880 MULL AVE 100

City

AKRON

State

OH

Zip Code

44313-7522

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096668

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS ANGELA HERST

Mailing Address PO BOX 2423

City

RANCHO SANTA FE

State

CA

Zip Code

92067-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120709

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. BARBARA S. HESS

Mailing Address 5436 BRAGG ST

City

SAN DIEGO

State

CA

Zip Code

92122-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100187

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KENT J. HESS

Mailing Address 303 ANDREWS DR
SUITE 204

City

BELVIDERE

State

IL

Zip Code

61008-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125484

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES HEUBI

Mailing Address 3333 BURNET AVE
OSB4

City State Zip Code
CINCINNATI OH 45229-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PEDIATRICS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099746

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PSTR. JACK D. HIBBS

Mailing Address 3366 PAISLEY ST

City State Zip Code
CHINO HILLS CA 91709-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099771

Amount of Each Receipt this Period

155.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KEITH HICKEY

Mailing Address 502 RUE DE SANTE
208

City State Zip Code
LA PLACE LA 70068-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120733

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

555.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM C. HICKS, III

Mailing Address 1700 SPRING HILL AVENUE #100

City

MOBILE

State

AL

Zip Code

36604-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127041

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CHRISTIAN HIDGO

Mailing Address 2252 MAIN ST SUITE 3

City

CHULA VISTA

State

CA

Zip Code

91911-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108875

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GIDEON HILL

Mailing Address 644 BRIDLE ROAD

City

GLENSIDE

State

PA

Zip Code

19038-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDEPENDENCE BLUE CROSS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INSURANCE

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134708

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TRACY HILL

Mailing Address 149 ADARE DR

City

CARY

State

IL

Zip Code

60013-1695

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIMBALL HILL MGMT CO

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111434

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. IBTESAM A. HILMI

Mailing Address 200 LOTHROP ST 200C

City

PITTSBURGH

State

PA

Zip Code

15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC-PRESBYTERIAN HOSPITAL

Occupation

ASSOCIATE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094152

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEPHEN B. HILTABIDLE

Mailing Address 110 SUMMERS RUN

City

ANNAPOLIS

State

MD

Zip Code

21409-5846

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124865

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES HINKLE

Mailing Address 5315 N POWERS FERRY RD NW

City

ATLANTA

State

GA

Zip Code

30327-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMORY SPECIALTY ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125529

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. KATHLEEN HIPKINS

Mailing Address 2533 ASPEN DRIVE

City

PAMPA

State

TX

Zip Code

79065-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099325

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JANET G. HOAGLAND

Mailing Address 3400 BISSONNET ST. STE. 185

City

HOUSTON

State

TX

Zip Code

77005-2196

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122357

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN A. HOCHSTETLER

Mailing Address 316 MEUSE ARGONNE ST

City

HICKSVILLE

State

OH

Zip Code

43526-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	9	

Transaction ID: SA11.13122702

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SCOTT E. HOCKENBERRY

Mailing Address 285 E STATE ST
SUITE 640

City

COLUMBUS

State

OH

Zip Code

43215-4359

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	9	

Transaction ID: SA11.13120730

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ANDREW R. HOGAN

Mailing Address 2603 49TH STREET

City

LUBBOCK

State

TX

Zip Code

79413-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	9	

Transaction ID: SA11.13102882

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DUAIN W. HOGUE

Mailing Address 1910 CRESTVIEW DR

City

BARTLESVILLE

State

OK

Zip Code

74003-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110044

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEPHEN HOHMANN

Mailing Address 621 N HALL ST
SUITE100

City

DALLAS

State

TX

Zip Code

75226-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107414

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ELLIS HOLDINESS

Mailing Address 269 HUBERT HOLDINESS ROAD

City

LOUISVILLE

State

MS

Zip Code

39339-6725

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130086

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LINDA E. HOLLAND

Mailing Address 118 PEARLE COVE DR

City

HUNTSVILLE

State

AL

Zip Code

35806-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer
PESA SWITCHING SYSTEMS

Occupation

DIRECTOR OF MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120190

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EVERETT HOLLE

Mailing Address 4557 DOLLY RIDGE RD

City

BIRMINGHAM

State

AL

Zip Code

35243-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129161

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANALYNN T. HOLLOWAY

Mailing Address 7277 BOCAGE BLVD.

City

BATON ROUGE

State

LA

Zip Code

70809-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109984

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

535.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RANDY A. HOLLOWBUSH

Mailing Address 17 W WEIS ST

City

TOPTON

State

PA

Zip Code

19562-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
HANDGUNNER CUSTOM GUN SH-
OP

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115563

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARY K. HOLM

Mailing Address 3000 32ND AVE S

City

FARGO

State

ND

Zip Code

58103-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer
INNOVIS HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098303

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES A. HOLMAN

Mailing Address 7084 BALMORAL FOREST RD

City

CLIFTON

State

VA

Zip Code

20124-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122401

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JO M. HOLOKA

Mailing Address 461 N MULFORD RD. STE. 5

City

ROCKFORD

State

IL

Zip Code

61107-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125491

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

COL. EDWARD Y. HOLT, JR.

Mailing Address 100 E. OCEAN VIEW AVENUE
SUITE 1103

City

NORFOLK

State

VA

Zip Code

23503-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100172

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS M. HOLT

Mailing Address 1005 MAR WALT DR

City

FORT WALTON BEACH

State

FL

Zip Code

32547-6707

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098380

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MABEL R. HOMZA

Mailing Address 902 PADGETT ROAD

City

PONCE DE LEON

State

FL

Zip Code

32455-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113558

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MABEL R. HOMZA

Mailing Address 902 PADGETT ROAD

City

PONCE DE LEON

State

FL

Zip Code

32455-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127106

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN HOPKINS

Mailing Address 1932 MANHATTAN BLVD.

City

SPIRIT LAKE

State

IA

Zip Code

51360-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124813

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DELPHIA MARSHALL HORD

Mailing Address 105 CRESTLINE DRIVE
APARTMENT 605

City State Zip Code
CLARKSDALE MS 38614-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE WOMANS CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13104989

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CHARLES HORN

Mailing Address 4602 W. LITTLE DOVE PLACE

City State Zip Code
MARANA AZ 85658-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCRIPTSAVE

Occupation
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11.13125288

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. WANDA HORN

Mailing Address 1920 DEL SIMMONS DR

City State Zip Code
EDMOND OK 73003-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
J C PENNY

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112289

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. HORTON

Mailing Address 3103 76TH ST

City

LUBBOCK

State

TX

Zip Code

79423-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
TECHNICAL COATINGS, INC.

Occupation

PAINT MANUFACTURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096095

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. R. U. HOSMANE

Mailing Address 1408 SAVANNAH ROAD

City

LEWES

State

DE

Zip Code

19958-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100572

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MOHAMOAD SALIM HOSSAIN

Mailing Address 198 CHERRY LANE

City

FLORAL PARK

State

NY

Zip Code

11001-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAMAICA HAIR SUPPLY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127466

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. HAROLD HOUCK

Mailing Address **10151 UNIVERSITY BLVD**

City State Zip Code
ORLANDO FL 32817-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOUCK & ASSOCIATE INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.00

Date of Receipt

09 / 03 / 2009

Transaction ID: SA11.13095698

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. PAUL C. HOUK

Mailing Address **4050 W MEMORIAL RD**

City State Zip Code
OKLAHOMA CITY OK 73120-8382

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
 BEST EFFORTS**

Occupation
CARDIOVASCULAR DISEASE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 16 / 2009

Transaction ID: SA11.13107413

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. HANNAH HOUSMAN

Mailing Address **1047 50TH STREET
 APARTMENT 2**

City State Zip Code
BROOKLYN NY 11219-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

09 / 14 / 2009

Transaction ID: SA11.13108368

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. HUGH HOUSTON

Mailing Address 2200 MURPHY AVE

City

NASHVILLE

State

TN

Zip Code

37203-1826

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11.13111163

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CLARA H. HOWARD

Mailing Address 148 PRINCE ROYAL DR

City

CORTE MADERA

State

CA

Zip Code

94925-2031

FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123753

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CLARA H. HOWARD

Mailing Address 148 PRINCE ROYAL DR

City

CORTE MADERA

State

CA

Zip Code

94925-2031

FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13124878

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT HOWARD

Mailing Address 355 FAIRVIEW ST

City

DANVILLE

State

CA

Zip Code

94506-6171

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHEVRON CORPORATION

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102961

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. C HOWE

Mailing Address 1619 N GREENWOOD ST
SUITE 309

City

PUEBLO

State

CO

Zip Code

81003-2657

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098311

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GEORGE B. HOWELL

Mailing Address PO BOX 20630

City

WICHITA

State

KS

Zip Code

67208-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

L KYLE HRDLICKA

Mailing Address 1220 N FLORENCE

City

CLAREMORE

State

OK

Zip Code

74017-4381

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLAREMORE SURGEONS

Occupation

GENERAL SURGERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110225

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. FRANK N. HRISOMALOS

Mailing Address 1403 E ATWATER AVE.

City

BLOOMINGTON

State

IN

Zip Code

47401-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERNAL MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120454

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT HUBBARD

Mailing Address 1806 VALLE VISTA DR.

City

REDLANDS

State

CA

Zip Code

92373-7247

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110231

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SUSANNE F. HUBBACH

Mailing Address 9142 N. MERCER WAY
APARTMENT 7203

City State Zip Code
 MERCER ISLAND WA 98040-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120368

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. TERESA J. HUBER

Mailing Address 5550 HUBER ROAD

City State Zip Code
 HUBER HEIGHTS OH 45424-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104985

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CAROL D. HUDGENS

Mailing Address 2020 REAL DR.

City State Zip Code
 WACO TX 76712-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
IND MARY KAY BEAUTY CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107353

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RAYMOND HUDSON

Mailing Address 529 KINGS HWY

City

BUFFALO

State

NY

Zip Code

14226-4542

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122605

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SHANNON D. HUFF

Mailing Address 150 HENRY BURSON AVE 215

City

CARROLLTON

State

GA

Zip Code

30117-4466

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST GEORGIA HEALTHCARE
FOR WOMEN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111148

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. W. ALAN HUFFMAN

Mailing Address 3251 CROMWELL

City

WICHITA

State

KS

Zip Code

67204-4447

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEY MANAGEMENT COMPANY

Occupation
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094802

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RUSSELL HULETT

Mailing Address 1102 ANGELA ST

City

DEER PARK

State

TX

Zip Code

77536-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125581

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PAUL G. HULL

Mailing Address 1220 COIT RD
STE 104

City

PLANO

State

TX

Zip Code

75075-7757

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112803

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DABIRUDDIN HUMAYUN

Mailing Address 3214 CHARLES B ROOT WYND
213

City

RALEIGH

State

NC

Zip Code

27612-5440

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122369

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. GLORIA HUMPHREYS

Mailing Address 1444 KNOX ROAD 1250 N

City

GILSON

State

IL

Zip Code

61436-9450

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129651

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CAROLINE ROSE HUNT

Mailing Address 2101 CEDAR SPRINGS ROAD
SUITE 1600

City

DALLAS

State

TX

Zip Code

75201-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE ROSEWOOD CORPORATION

Occupation

PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127502

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE D. HUNTER

Mailing Address 4329 S. ATLANTIC AVENUE

City

PONCE INLET

State

FL

Zip Code

32127-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117436

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE HUNTZINGER

Mailing Address 76 42ND ST

City

DALLAS

State

PA

Zip Code

18612-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108419

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. EILEEN M. HURD

Mailing Address PO BOX 7780

City

HORSESHOE BAY

State

TX

Zip Code

78657-7780

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13123044

Amount of Each Receipt this Period

230.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JON HURT

Mailing Address 4122 RUSSELL DR

City

CORPUS CHRISTI

State

TX

Zip Code

78408-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122682

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

440.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAWED HUSSAIN

Mailing Address 4243 SUNBEAM RD. STE. 6

City

JACKSONVILLE

State

FL

Zip Code

32257-8975

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119533

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARRY P. HUTCHENS, JR.

Mailing Address 568 TRIANON ST.

City

HOUSTON

State

TX

Zip Code

77024-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108394

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HOWARD HUTT

Mailing Address PO BOX 788

City

SPRING HOUSE

State

PA

Zip Code

19477-0788

FEC ID number of contributing
federal political committee.

C

Name of Employer
DR HOWARD HUTT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122569

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HARVEY HUVAL

Mailing Address PO BOX 511

City

BREAUX BRIDGE

State

LA

Zip Code

70517-0511

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAT'S FISHERMAN WHARF RES-
TAURANTOccupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13120716

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN K. HYATT

Mailing Address 28770 OUTRAM ST

City

EASTON

State

MD

Zip Code

21601-8394

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11.13111473

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ALAIN HYMAN

Mailing Address 165 E 84TH ST

City

NEW YORK

State

NY

Zip Code

10028-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13120721

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL HYSLOP

Mailing Address 1921 LAKE AVENUE

City

WHITING

State

IN

Zip Code

46394-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
BP

Occupation

NATURAL GAS TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098606

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROLAND R. ILSSEN

Mailing Address 6847 ABBOTTSWOOD DR

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-3058

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099416

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID B. INGRAM

Mailing Address 4417 TYNE BLVD.

City

NASHVILLE

State

TN

Zip Code

37215-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBI BEVERAGE INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13113291

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GINO IOLLI

Mailing Address 541 WEST ST

City

BROCKTON

State

MA

Zip Code

02301-5734

FEC ID number of contributing
federal political committee.

C

Name of Employer
GINOS OF ITALY INC.Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099770

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MOHAMMAD J. IQBAL

Mailing Address 1230 WOODLAND DR.

City

ELIZABETHTOWN

State

KY

Zip Code

42701-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112788

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PAUL J. ISAAC

Mailing Address 75 PROSPECT AVENUE

City

LARCHMONT

State

NY

Zip Code

10538-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
CADOGAN MANAGEMENTOccupation
CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13110185

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARK W. ISAKOWITZ

Mailing Address 3198 POND MIS WAY

City

OAK HILL

State

VA

Zip Code

20171-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIERCE, ISAKOWITZ & BLALO-
CK

Occupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125944

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BRIAN ISRAEL

Mailing Address 1627 GIBSON ST

City

WEST PLAINS

State

MO

Zip Code

65775-1873

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111154

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MORTON P. ISRAEL

Mailing Address 18901 PATRICIAN DR.

City

VILLA PARK

State

CA

Zip Code

92861-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100560

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. ELIZABETH IVEY

Mailing Address 1975 STOCKTON WALK LANE

City State Zip Code
SNELLVILLE GA 30078-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107719

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BRIAN T. JACKSON

Mailing Address 7014 SHAY CT
APT 2

City State Zip Code
HIGHLAND CA 92346-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100665

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BRIAN T. JACKSON

Mailing Address 7014 SHAY CT
APT 2

City State Zip Code
HIGHLAND CA 92346-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13103362

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. BRIAN T. JACKSON

Mailing Address 7014 SHAY CT
APT 2

City State Zip Code
HIGHLAND CA 92346-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117438

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. DAVID B. JACKSON

Mailing Address 1044 BELMONT AVE

City State Zip Code
YOUNGSTOWN OH 44504-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091496

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
FRANK JACKSON

Mailing Address 1401 SOUTH CAGE BLVD UNIT 228

City State Zip Code
PHARR TX 78577-6211

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13119983

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

445.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.Full Name (Last, First, Middle Initial)
MEREDITH S. JACKSON

Mailing Address 2177 WEST LIVE OAK DRIVE

City	State	Zip Code
LOS ANGELES	CA	90068-3640

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	9

Transaction ID: SA11.13117775

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
MS. ANN JAGER

Mailing Address 2723 230TH ST

City	State	Zip Code
LAKE CITY	FL	32024-2507

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	9

Transaction ID: SA11.13112736

Amount of Each Receipt this Period

210.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DR. KODUVATHARA JAMES

Mailing Address 213 HUNTER STATION RD

City	State	Zip Code
SELLERSBURG	IN	47172-1879

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	0	9

Transaction ID: SA11.13091523

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PHILIP L. JAMISON

Mailing Address 205 QUIET WATERS ROAD

City

BELMONT

State

NC

Zip Code

28012-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ORAL SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112007

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT J. JANATA

Mailing Address 6600 W 20TH STREET

City

GREELEY

State

CO

Zip Code

80634-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100643

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DANNY JAZAREVIC

Mailing Address 2401 FRIST BLVD SUITE 6

City

FORT PIERCE

State

FL

Zip Code

34950-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer
DR. JAZAREVIC M.D., P.A.

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123647

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GARRY JEFFERSON

Mailing Address PO BOX 1297

City

CENTER

State

TX

Zip Code

75935-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

AUTOMOTIC REPAIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121105

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID JENNISON

Mailing Address 300 WAYNE STREET

City

HUMESTON

State

IA

Zip Code

50123-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
HY-VEE, INC.

Occupation

WAREHOUSEMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099499

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN T. JENSEN

Mailing Address 8080 E CENTRAL AVE
STE 250

City

WICHITA

State

KS

Zip Code

67206-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105427

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM A. JERNIGAN

Mailing Address 1257 EDGEWATER POINT DRIVE

City

SEBRING

State

FL

Zip Code

33870-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VETERINARIAN

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096461

Amount of Each Receipt this Period

90.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICKEY JESTER

Mailing Address 5227 LEE AVE

City

DOWNERS GROVE

State

IL

Zip Code

60515-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123622

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES E. JESTICE

Mailing Address 3213 RAYMOND DR

City

MIDDLETOWN

State

OH

Zip Code

45042-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094905

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES E. JESTICE

Mailing Address 3213 RAYMOND DR

City

MIDDLETOWN

State

OH

Zip Code

45042-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100657

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES E. JESTICE

Mailing Address 3213 RAYMOND DR

City

MIDDLETOWN

State

OH

Zip Code

45042-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127734

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GREGORY L. JEWELL

Mailing Address 621 S NEW BALLAS RD
SUITE 695A

City

SAINT LOUIS

State

MO

Zip Code

63141-8263

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107418

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARIA R. JIMENEZ

Mailing Address 807 N CAGE BLVD

City

PHARR

State

TX

Zip Code

78577-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124751

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BARRY F. JOHNSON

Mailing Address 8827 ARBORSIDE

City

DALLAS

State

TX

Zip Code

75243-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHNSON FINANCIAL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

FINANCIAL ADVISOR

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13110191

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. BEDA L. JOHNSON

Mailing Address 52 TAMARACK RD

City

ANDOVER

State

NJ

Zip Code

07821-3934

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SRVP

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129328

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES JOHNSON

Mailing Address 263 SUNNYBROOK LANE

City

EL DORADO

State

AR

Zip Code

71730-8595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108224

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES JOHNSON

Mailing Address 263 SUNNYBROOK LANE

City

EL DORADO

State

AR

Zip Code

71730-8595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127463

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CLARENCE JOHNSON

Mailing Address 8 BIRKDALE DRIVE

City

SIMPSONVILLE

State

SC

Zip Code

29681-4381

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119551

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ERIC JOHNSON

Mailing Address 837 S PARK TRAIL DR.

City

CARMEL

State

IN

Zip Code

46032-4219

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124867

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRED B. JOHNSON

Mailing Address 4150 RIVER RD

City

THEODORE

State

AL

Zip Code

36582-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OFFICE MANAGER

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13110253

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. H. S. JOHNSON

Mailing Address PO BOX 2799

City

PINE BLUFF

State

AR

Zip Code

71613-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer
GR MCSWINES LUMBER CO. IN-
C.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095749

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. IRENE JOHNS

Mailing Address 5509 KALES AVE

City

OAKLAND

State

CA

Zip Code

94618-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102461

Amount of Each Receipt this Period

255.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARGARET P. JOHNSON-GADDIS

Mailing Address P.O. BOX 508

City

MANCOS

State

CO

Zip Code

81328-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CLINICAL PSYCHOLOGIST

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127822

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MILTON O. JOHNSTON

Mailing Address 19 E PALMER BND

City

SPRING

State

TX

Zip Code

77381-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INSURANCE AGENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113833

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PHILLIP W. JOHNSON

Mailing Address 1285 FRANCISCAN DR

City

LITCHFIELD

State

IL

Zip Code

62056-1778

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125520

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD B. JOHNSON

Mailing Address 703 HILL CNTRY DR
STE 101

City

KERRVILLE

State

TX

Zip Code

78028-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13144017

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD L. JOHNSON

Mailing Address 7960 HI VIEW DR.

City

N ROYALTON

State

OH

Zip Code

44133-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

MANUFACTURER'S REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118389

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT G. JOHNSON

Mailing Address 6450 ELLENWOOD AVE

City

SAINT LOUIS

State

MO

Zip Code

63105-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. LOUIS U

Occupation
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13099655

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. VINCENT JOHNSON

Mailing Address 1232 W 63RD TERRACE

City

KANSAS CITY

State

MO

Zip Code

64113-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer
SJ PAIN ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125512

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BENNIE L. JONES

Mailing Address 304 AVENUE E.

City

LEXINGTON

State

TX

Zip Code

78947-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115640

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DELWIN G. JONES

Mailing Address 1300 N MCCLINTOCK DR.
STE B4

City State Zip Code
CHANDLER AZ 85226-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELWIN G. JONES CPA, INC.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096715

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MILLA PERRY JONES

Mailing Address 3216 TREVOLLE PLACE

City State Zip Code
DALLAS TX 75204-5539

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED SURGICAL PARTNERS

Occupation
COMMUNITY OUTREACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133542

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PHIL JONES

Mailing Address 6209 CORDOBA CT

City State Zip Code
LONG BEACH CA 90803-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
COASTAL ALLIANCE HOLDINGS,
INC.

Occupation
REALTOR/OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105123

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. REDDON R. JONES

Mailing Address 2501 MCHENRY AVE
F

City State Zip Code
MODESTO CA 95350-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASPEN FAMILY MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096704

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RUSSELL L. JONES

Mailing Address 135 SAFFORD DRIVE

City State Zip Code
PINEHURST NC 28374-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122622

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY J. JONES

Mailing Address 601 BELT ST.

City State Zip Code
EUFAULA OK 74432-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111938

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ZOE J. JONES

Mailing Address 682 HEMLOCK ST
SUITE 490

City State Zip Code
MACON GA 31201-8307

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
CARDIOVASCULAR DISEASE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 10 2009

Transaction ID: SA11.13102137

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERRY D. JORDAN

Mailing Address 795 OLD WOODS ROAD

City State Zip Code
COLUMBUS OH 43235-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLINTON GAS SYSTEMS, INC.

Occupation
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2009

Transaction ID: SA11.13110181

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH T. JORDAN

Mailing Address 2431 E. WITHLACOOCHIEE TRL.

City State Zip Code
DUNNELLON FL 34434-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 16 2009

Transaction ID: SA11.13107286

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1345.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH T. JORDAN

Mailing Address 2431 E. WITHLACOOCHIEE TRL.

City

DUNNELLON

State

FL

Zip Code

34434-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121107

Amount of Each Receipt this Period

80.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. STELLA T. JORDAN

Mailing Address 128 COLUMBUS CV

City

STAFFORD

State

VA

Zip Code

22554-1944

FEC ID number of contributing
federal political committee.

C

Name of Employer
REFUSED

Occupation
DATA MGMT SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112019

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. STELLA T. JORDAN

Mailing Address 128 COLUMBUS CV

City

STAFFORD

State

VA

Zip Code

22554-1944

FEC ID number of contributing
federal political committee.

C

Name of Employer
REFUSED

Occupation
DATA MGMT SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117232

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THERESA JOSLIN

Mailing Address P.O. BOX 10728

City

SAN BERNARDINO

State

CA

Zip Code

92423-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUTHRIE TAX SERVICE, INC.

Occupation

ENROLLED AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13125268

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. REBECCA J. JOY

Mailing Address 2802 NEWBURY CT.

City

PEARLAND

State

TX

Zip Code

77584-7726

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEABOARD WELLHEAD INC.

Occupation

PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13130564

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOSEPH W. JOYNER

Mailing Address 4437 CONRAD DR

City

LA MESA

State

CA

Zip Code

91941-6861

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFECTIOUS DISEASES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098336

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MAX R. JOYNER, SR.

Mailing Address 1724 CIRCLE DR.

City

GREENVILLE

State

NC

Zip Code

27858-4438

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112258

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MAX R. JOYNER, SR.

Mailing Address 1724 CIRCLE DR.

City

GREENVILLE

State

NC

Zip Code

27858-4438

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128674

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MAURICE J. JURKIEWICZ

Mailing Address 715 OLD POST ROAD NW

City

ATLANTA

State

GA

Zip Code

30328-4758

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122547

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. VICTOR R. JURY, SR.

Mailing Address 8308 THISTLE CT

City

NORTH RICHLAND HIL

State

TX

Zip Code

76180-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOMMIT ELECTRIC SUPPLY

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107765

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. VICTOR R. JURY, SR.

Mailing Address 8308 THISTLE CT

City

NORTH RICHLAND HIL

State

TX

Zip Code

76180-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOMMIT ELECTRIC SUPPLY

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124861

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LYNNE H. JUSTICE

Mailing Address 3901 GLENDALE DR

City

TYLER

State

TX

Zip Code

75701-9459

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127716

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDWARD G. KALIMAN

Mailing Address 3000 BROWNSVILLE RD

City

PITTSBURGH

State

PA

Zip Code

15227-2469

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109884

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SANJAY KAMAT

Mailing Address 301 OXFORD VALLEY RD ST 801A

City

YARDLEY

State

PA

Zip Code

19067

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUCKS EYE SPECIALISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123613

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SCOTT KAMELLE

Mailing Address 2801 W KINNICKINNIC RIVER PKWY
SUITE 430

City

MILWAUKEE

State

WI

Zip Code

53215-3695

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125473

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ALEX KAMENETSKY

Mailing Address 3001 6TH ST #A

City

GREAT LAKES

State

IL

Zip Code

60088-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13100479

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RANDY KANSKY

Mailing Address 118 WASHINGTON ST
STE A

City

HOBOKEN

State

NJ

Zip Code

07030-4649

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13120687

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

TIMOTHY KANTOR

Mailing Address 15279 STONEWOOD COURT

City

BURNSVILLE

State

MN

Zip Code

55306-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE DUPONT COMPANY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

DATABASDE MANAGEMENT

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11.13109990

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. NINA KASHELYAN

Mailing Address 4000 OLD COURT RD #205

City

PIKESVILLE

State

MD

Zip Code

21208-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.13106241

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SUE KAST

Mailing Address 3409 E. SIEBERT ROAD

City

MIDLAND

State

MI

Zip Code

48642-7228

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEADOWRIDGE FARMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11.13113603

Amount of Each Receipt this Period

165.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY P. KAUFMANN

Mailing Address 950 WILLOW VALLEY LAKES DR
APT K202

City

WILLOW STREET

State

PA

Zip Code

17584-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2009

Transaction ID: SA11.13103065

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY P. KAUFMANN

Mailing Address 950 WILLOW VALLEY LAKES DR
APT K202

City State Zip Code
WILLOW STREET PA 17584-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121781

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL J. KAZLAUSKAS

Mailing Address 22 BAILEY HILL VILLAGE

City State Zip Code
DANIELSON CT 06239-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL DYNAMICS ELECTRIC
BOAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

1ST CLASS TEST MECHANIC R&D

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111568

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JERI KEDZIERSKI

Mailing Address 990 W ANN ARBOR TRL STE 104

City State Zip Code
PLYMOUTH MI 48170-1686

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120680

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT KEEN

Mailing Address 1717 GRANDVIEW DR.

City

BOONE

State

NC

Zip Code

28607-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095572

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT KEEN

Mailing Address 1717 GRANDVIEW DR.

City

BOONE

State

NC

Zip Code

28607-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095573

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT KEEN

Mailing Address 1717 GRANDVIEW DR.

City

BOONE

State

NC

Zip Code

28607-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095574

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT KEEN

Mailing Address 1717 GRANDVIEW DR.

City

BOONE

State

NC

Zip Code

28607-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111421

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERRY KEENE

Mailing Address P.O. BOX 299

City

TOMAH

State

WI

Zip Code

54660-0299

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAND BOX CLEANERS & LAUNDRY, INC.

Occupation

DRY CLEANER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130582

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JACQUELINE A. KEITH

Mailing Address 5602 LOCKWOOD ROAD

City

CHEVERLY

State

MD

Zip Code

20785-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098670

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 376 / 1070
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JACQUELINE A. KEITH

Mailing Address 5602 LOCKWOOD ROAD

City

CHEVERLY

State

MD

Zip Code

20785-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Transaction ID: SA11.13105211

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JACQUELINE A. KEITH

Mailing Address 5602 LOCKWOOD ROAD

City

CHEVERLY

State

MD

Zip Code

20785-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13127247

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. KELLY G. KEITHLY

Mailing Address 5702 W. COUNTY 8 1/2 STREET

City

YUMA

State

AZ

Zip Code

85364-8425

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13117209

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KELLY G. KEITHLY

Mailing Address 5702 W. COUNTY 8 1/2 STREET

City

YUMA

State

AZ

Zip Code

85364-8425

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125684

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARVIN A. KELLER

Mailing Address 330 S. CENTER STREET
STE 402

City

CASPER

State

WY

Zip Code

82601-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098803

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARVIN A. KELLER

Mailing Address 330 S. CENTER STREET
STE 402

City

CASPER

State

WY

Zip Code

82601-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111556

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. STEPHEN H. KELLEY

Mailing Address 9226 KNOLL CREST LOOP

City

AUSTIN

State

TX

Zip Code

78759-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
ENGINEER

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133949

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES L. KELLOGG

Mailing Address P.O. BOX 901089

City

PALMDALE

State

CA

Zip Code

93590-1089

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYSTEM PLANNING CORP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
ENGINEER

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107637

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN KELLY III

Mailing Address 1401 FOULK RD. STE. 201

City

WILMINGTON

State

DE

Zip Code

19803-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
CADIOLOGY PHYSICIANS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109981

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN S. KEMPER

Mailing Address 1857 WINNETKA AVE

City

NORTHFIELD

State

IL

Zip Code

60093-3256

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT - INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2009

Transaction ID: SA11.13107519

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY KENNEDY

Mailing Address 173 E 47TH HIGHWAY

City

GIRARD

State

KS

Zip Code

66743-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / 02 / 2009

Transaction ID: SA11.13096148

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY KENNEDY

Mailing Address 173 E 47TH HIGHWAY

City

GIRARD

State

KS

Zip Code

66743-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / 23 / 2009

Transaction ID: SA11.13120382

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TROY KENNEDY

Mailing Address 321 STEPHENS WAY

City

BELHAVEN

State

NC

Zip Code

27810-9037

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101047

Amount of Each Receipt this Period

105.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KRISTINE KENWORTHY

Mailing Address 501 OWENWOOD PLACE

City

PARIS

State

TN

Zip Code

38242-5156

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115633

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN KERMEN

Mailing Address 700 RIVER DR
MENDOCINO COAST DISTRICT HOSP

City

FORT BRAGG

State

CA

Zip Code

95437-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ANETHESIOLOGIST

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110242

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. KATHERINE M. KERNICKY

Mailing Address 544 S. WYCOMBE AVENUE

City

LANSDOWNE

State

PA

Zip Code

19050-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112413

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. VERNON A. KERRY

Mailing Address 14800 CREEK LN

City

ATHENS

State

AL

Zip Code

35613-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
US ARMY MISSILE COMMAND

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095026

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. E. B. KERSH

Mailing Address 1210 MUSTANG TRL.

City

HUMBLE

State

TX

Zip Code

77339-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105856

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ERWIN DAVIDSON KEY

Mailing Address 2202 SPRINGDALE DR

City

COLUMBUS

State

GA

Zip Code

31906-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120455

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ARUN KHAZANCHI

Mailing Address 8374 MARKETST STE 475

City

BRADENTON

State

FL

Zip Code

34202-5137

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125475

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN CLARK KIES

Mailing Address 6109 FRANKLIN PARK ROAS

City

MCLEAN

State

VA

Zip Code

22101-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLLIER, SHANNON, SCOTT

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094064

Amount of Each Receipt this Period

15200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LOYD E. KILE

Mailing Address 7508 IMPERIAL DR N

City

BROOKLYN PARK

State

MN

Zip Code

55443-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116990

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. THOMAS KILGORE

Mailing Address PO BOX 14108

City

JACKSON

State

MS

Zip Code

39236-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115629

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JAIME KIM

Mailing Address 14044 34TH AVE.
APARTMENT 1C

City

FLUSHING

State

NY

Zip Code

11354-3063

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108793

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARK KIMBALL

Mailing Address P.O. BOX 205

City

CALLAWAY

State

NE

Zip Code

68825-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROGRESSIVE FERTILIZER CO
.INC

Occupation

G. M. OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127662

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CAROL KIMBLE

Mailing Address 824 SW 28TH TERRACE

City

CAPE CORAL

State

FL

Zip Code

33914-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115636

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ERIC KIMMEL

Mailing Address 225 PARNELL RD

City

HUBERT

State

NC

Zip Code

28539-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED STATES MARINE CORPS

Occupation

MARINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122638

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RALPH T. KING

Mailing Address 1045 SAINT JAMES CIR

City

VERO BEACH

State

FL

Zip Code

32967-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120144

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. REBECCA H. KING

Mailing Address 7883 WARM SPRINGS ROAD

City

MIDLAND

State

GA

Zip Code

31820-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121108

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. VINCENT J. KIRBY

Mailing Address 401 E LINTON BLVD.
APT 462

City

DELRAY BEACH

State

FL

Zip Code

33483-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101042

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROGER KIRK

Mailing Address 15035 N 75TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85260-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123909

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

R DEWITT KIRWAN

Mailing Address 2184 ROSCOMARE

City

LOS ANGELES

State

CA

Zip Code

90077-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107830

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. EVELYN J. KITCHEN

Mailing Address 9101 PARK DR.

City

SHREVE

State

OH

Zip Code

44676-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101394

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRIAN KLEEN

Mailing Address 1215 NOTON COURT

City

PFLUGERVILLE

State

TX

Zip Code

78660-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

KING TIGER TECHNOLOGY INC.

Occupation

HARDWARE DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108450

Amount of Each Receipt this Period

70.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GARY M. KLEIN, MD MPH MBA

Mailing Address 1808 BRENTRIDGE ST

City

VIENNA

State

VA

Zip Code

22182-2579

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123717

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WALTER H. KLEINER

Mailing Address 1725 88TH PL NE

City

CLYDE HILL

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106262

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JUDITH KNAPP

Mailing Address 10 BITTERSWEET LANE

City

WILBRAHAM

State

MA

Zip Code

01095-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANDREW ASSOCIATES, INC.

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2009

Transaction ID: SA11.13108057

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ALZADA J. KNICKERBOCKER

Mailing Address 617 2ND ST

City

DAVIS

State

CA

Zip Code

95616-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2009

Transaction ID: SA11.13099762

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN D. KNOX JR

Mailing Address 661 N SAINT MARYS LN NW

City

MARIETTA

State

GA

Zip Code

30064-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11.13111062

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY M. KNOX

Mailing Address 4724 HEATH HILL RD.

City

COLUMBIA

State

SC

Zip Code

29206-4611

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120753

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BEN M. KNUDTSON

Mailing Address 309 CHERRY HILL DR

City

ELLISVILLE

State

MO

Zip Code

63011-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122705

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RON S. KOLDON

Mailing Address 19910 E VIA DEL PALO

City

QUEEN CREEK

State

AZ

Zip Code

85242-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120757

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RON KOMAREK

Mailing Address N1690 STATE HIGHWAY 13

City

OGEMA

State

WI

Zip Code

54459-8206

FEC ID number of contributing
federal political committee.

C

Name of Employer
KOMAREK WELL DRILLING

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114349

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL J. KONNICK

Mailing Address 2586 LOWER DEMUNDS ROAD

City

DALLAS

State

PA

Zip Code

18612-8214

FEC ID number of contributing
federal political committee.

C

Name of Employer
GLLAZIERS LOCAL 252

Occupation

GLAZIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134523

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DWIGHT J. KORGAN

Mailing Address 8055 E WINCHESTER AVE

City

CLAREMORE

State

OK

Zip Code

74019-3829

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLAREMOE HEALTH ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120778

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN ANDREW KORMONDY

Mailing Address 3142 E 88TH ST

City

TULSA

State

OK

Zip Code

74137-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108819

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TOMASZ KOSIERKIEWICZ

Mailing Address 2605 MAIN ST

City

MOUNT VERNON

State

IL

Zip Code

62864-2372

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112806

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CECELIA KOUNS

Mailing Address 1504 23RD AVE N

City

TEXAS CITY

State

TX

Zip Code

77590-5251

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119875

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DON KOVALSKY

Mailing Address 4121 VETERANS MEMORIAL DR

City

MOUNT VERNON

State

IL

Zip Code

62864-6262

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAMES C. CHOW, MD, LTD

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100565

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE C. KOZLOWSKI

Mailing Address 85 PRINCEVILLE LN

City

LAS VEGAS

State

NV

Zip Code

89113-1369

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAKOIL INC.

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095293

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JUDY KRAUSE

Mailing Address 1424 CHURCHILL DR

City

NEW BRAUNFELS

State

TX

Zip Code

78130-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122617

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. SUSAN KREHER

Mailing Address 1725 PINE ST

City

MONTGOMERY

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100493

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JOAN G. KREITZER

Mailing Address 137 STONEY BRK DR

City

EATON

State

OH

Zip Code

45320-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLONIAL BANC CORP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

BANKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120705

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LEWIS KRELOVICH

Mailing Address 37114 SAN BRUNO AVENUE

City

BARSTOW

State

CA

Zip Code

92311-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125552

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GREGORY KRENEK

Mailing Address 503 MEDICAL CENTER BLVD #140

City

CONROE

State

TX

Zip Code

77304-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123713

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MEERA KRISHNAN

Mailing Address 43 TIMBER TRAIL DR

City

OAK BROOK

State

IL

Zip Code

60523-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112799

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ALMA L. KRONMANN

Mailing Address 38412 RICHLAND STREET

City

LIVONIA

State

MI

Zip Code

48150-2485

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111906

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ARITA L. KRONSKA

Mailing Address 2068 HILLSBURY RD

City

WESTLAKE VILLAGE

State

CA

Zip Code

91361-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124855

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. GEORGIA KRUSE

Mailing Address 2986 MONROE DR

City

AMES

State

IA

Zip Code

50010-4362

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122588

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAYMOND G. KRYNICKI

Mailing Address 2909 LOBLOLLY CT

City

MIRAMAR BEACH

State

FL

Zip Code

32550-7833

FEC ID number of contributing
federal political committee.

C

Name of Employer
RGK ASSOC

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111956

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. HARRY W. KUBERG

Mailing Address PO BOX 1224

City

RUSSELLVILLE

State

AL

Zip Code

35653-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARRY KUBERG MD

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105468

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. EDDA I. KUENAST

Mailing Address 6304 BELO HORIZONTE CIRCLE

City

AUSTIN

State

TX

Zip Code

78731-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120182

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MORRIS KUGLER

Mailing Address 2227 VADALABENE DR # 300

City

MARYVILLE

State

IL

Zip Code

62062-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098314

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. FREDERICK A. KUHN

Mailing Address 4750 WATERS AVENUE
SUITE 112

City State Zip Code
SAVANNAH GA 31404-6267

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100500

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. EVELYN N. KUNKEL

Mailing Address 2689 OCEAN ST

City State Zip Code
CARLSBAD CA 92008-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112149

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LOUIS KURTH

Mailing Address 420 TURTLE BAY CT SE

City State Zip Code
SALEM OR 97306-9029

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124908

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. SHREE KURUP

Mailing Address 2240 REYNOLDA RD

MEDICAL CENTER BLVD, JANEWAY

City

WINSTON SALEM

State

NC

Zip Code

27106-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096670

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HANK KURUSZ

Mailing Address 12501 VILLAGE CIRCLE DR.

City

SAINT LOUIS

State

MO

Zip Code

63127-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110039

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

J. ELAINE KVAMME

Mailing Address 7302 W. JENAN DR.

City

PEORIA

State

AZ

Zip Code

85345-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETAILER

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111590

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ALBERT M. KWAN

Mailing Address 1820 W 21ST ST

City

CLOVIS

State

NM

Zip Code

88101-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108483

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER KYLER

Mailing Address 431 N. SUNRISE DR.

City

ALPINE

State

UT

Zip Code

84004-1581

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTAH ASSOC. OF REALTORS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
C.E.O.

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115372

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOSEPH LABRICCIOSA

Mailing Address 1999 SPROUL RD
21

City

BROOMALL

State

PA

Zip Code

19008-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120727

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BARBARA LACH

Mailing Address 3910 LYON DRIVE

City

COLUMBUS

State

OH

Zip Code

43220-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLDWELL BANKER KING THOM-
PSON REALTORS

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125431

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEPHEN J. LAGERGREN

Mailing Address 1713 GARDEN ST

City

TITUSVILLE

State

FL

Zip Code

32796-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127026

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRED J. LAINE

Mailing Address 12005 VALLEYBROOK DRIVE

City

RICHMOND

State

VA

Zip Code

23233-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097380

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BEVERLY LAIRD

Mailing Address 2851 S. VALLEY VIEW
APARTMENT 1120

City State Zip Code
LAS VEGAS NV 89102-0162

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118940

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL LAIRD

Mailing Address 921 OAK PARK BLVD
SUITE 204

City State Zip Code
PISMO BEACH CA 93449-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111162

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROHIT R. LAKHANPAL

Mailing Address 1400 LANCASTER ST
STE 1004

City State Zip Code
BALTIMORE MD 21231-3356

FEC ID number of contributing
federal political committee.

C

Name of Employer
EYE CONSULTANTS OF MARYLA-
ND

Occupation
VITREORETINAL SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122313

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LOUISE LAMARRE

Mailing Address 1320 COASTAL DR

City

ROCKWALL

State

TX

Zip Code

75087-3190

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTH CARE MEDICAL ASSOC.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091593

Amount of Each Receipt this Period

260.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CYNTHIA C. LAMBERT

Mailing Address 2701 N DECATUR RD

City

DECATUR

State

GA

Zip Code

30033-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095734

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DENNIS LAMBOURNE

Mailing Address 844 STEELE DRIVE

City

BREA

State

CA

Zip Code

92821-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
LPL INSURANCE AGENCY, INC.

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13109811

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. C. FREDERICK LANDENBERGER

Mailing Address 946 W. CAMINO GUARINA

City State Zip Code
GREEN VALLEY AZ 85614-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094941

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ANNA LANE

Mailing Address 6445 FAR HILLS AVE

City State Zip Code
DAYTON OH 45459-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106879

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. KAREN LANGOS

Mailing Address 1074 BAYHILL CIR

City State Zip Code
NORTH LIBERTY IA 52317-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer
QUAKER OATS

Occupation
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105122

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS E. LANGTON

Mailing Address 446 LOOKOUT RDG

City

DAYTON

State

OH

Zip Code

45419-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHAWNE SUPPLY INC.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115568

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS E. LANGTON

Mailing Address 446 LOOKOUT RDG

City

DAYTON

State

OH

Zip Code

45419-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHAWNE SUPPLY INC.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125594

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MAUREEN LANNAN

Mailing Address 622 CYPRESS ST

City

SULPHUR

State

LA

Zip Code

70663-5052

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099711

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY J. LARKIN

Mailing Address 430 PARK PLACE

City

SAINT PAUL

State

MN

Zip Code

55115-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
LARKIN DANCE STUDIO

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125508

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD J. LASHER

Mailing Address 15 LAURELWOOD DRIVE

City

NEW HARTFORD

State

NY

Zip Code

13413-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124998

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. HELEN A. LATHAM

Mailing Address 427 S ERIE STREET

City

WHEATON

State

IL

Zip Code

60187-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097557

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GLEN H. LATHROP, JR.

Mailing Address RR 1 BOX 835

City

WEBBERS FALLS

State

OK

Zip Code

74470-9754

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108185

Amount of Each Receipt this Period

315.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES D. LATUDA

Mailing Address 431 W COLORADO AVE

City

TRINIDAD

State

CO

Zip Code

81082-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

809.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124828

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMES H. LAU

Mailing Address 3460 E LA PALMA AVE

City

ANAHEIM

State

CA

Zip Code

92806-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN CALIFORNIA PERMA-
NENTE MEDICAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094153

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANNETTE LAUBSCHER

Mailing Address 3 SHIRCLIFF WAY
STE 200

City State Zip Code
JACKSONVILLE FL 32204-4785

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111147

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LEON LAUDERBACH

Mailing Address 26 CORNELL DR.

City State Zip Code
RANCHO MIRAGE CA 92270-3630

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118906

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JANE LAURENE

Mailing Address 5800 OLD PROVIDENCE ROAD
APARTMENT 7304

City State Zip Code
CHARLOTTE NC 28226-6884

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102645

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. JOHN J. LAWLESS

Mailing Address **3056 BOMAR RD**

City State Zip Code
DOUGLASVILLE GA 30135-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 09 / 2009

Transaction ID: SA11.13102368

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN J. LAWLESS

Mailing Address **3056 BOMAR RD**

City State Zip Code
DOUGLASVILLE GA 30135-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 21 / 2009

Transaction ID: SA11.13117034

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BYRON H. LAWRENCE

Mailing Address **426 SPENCER AVENUE**

City State Zip Code
LANCASTER PA 17603-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2009

Transaction ID: SA11.13099102

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. PENNY LAWRENCE

Mailing Address 6096 PIMLICO COURT

City

TALLAHASSEE

State

FL

Zip Code

32309-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMAS L LOEVREUER

Occupation

ADMINISTRATOR CONSULT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116205

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DEBRA S. LAZZARO

Mailing Address 2003 STULTS RD SUITE 215

City

HUNTINGTON

State

IN

Zip Code

46750-1291

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123629

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. RALPH LEATHERMAN

Mailing Address 2 CLUBHOUSE GREEN

City

SAN ANTONIO

State

TX

Zip Code

78257-1295

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113278

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. CAROLYN D. LEAVENS

Mailing Address 7633 FOOTHILL RD

City

VENTURA

State

CA

Zip Code

93004-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124923

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CUC LEBA

Mailing Address 116 VILLANOVA DRIVE

City

LAWRENCEVILLE

State

NJ

Zip Code

08648-4431

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111485

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. LEBRUN

Mailing Address 513 8TH AVENUE

City

LANGDON

State

ND

Zip Code

58249-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097373

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. LEBRUN

Mailing Address 513 8TH AVENUE

City

LANGDON

State

ND

Zip Code

58249-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120532

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. LEDFORD

Mailing Address 2507 VILLANOVA DRIVE

City

VIENNA

State

VA

Zip Code

22180-6958

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13122009

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PETER R. LEDOUX, M.D

Mailing Address 2 BUCKINGHAM CT

City

SAN ANTONIO

State

TX

Zip Code

78257-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRMA

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107216

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH R. LEE

Mailing Address 2 PROFESSIONAL PARK DR STE 13

City

JOHNSON CITY

State

TN

Zip Code

37604-6584

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Transaction ID: SA11.13094145

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL LEE

Mailing Address 2315 E HARMONY RD
STE 140

City

FORT COLLINS

State

CO

Zip Code

80528-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: SA11.13105469

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. TERRY P. LEE

Mailing Address 357 COLUMBINE ST

City

MEADOWLAKES

State

TX

Zip Code

78654-6829

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Transaction ID: SA11.13114479

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

505.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS LEECH

Mailing Address 4128 COVE POINT DRIVE

City

MORGANTOWN

State

WV

Zip Code

26508-8678

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRA BANK

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13133581

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RENE LEERA

Mailing Address 1725 PINE ST

City

MONTGOMERY

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13100492

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMES LEHMAN

Mailing Address 300 LOCUST ST
590

City

AKRON

State

OH

Zip Code

44302-1898

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13124750

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. THELMA LEHMAN

Mailing Address 2601 ANDOVER CT.
APT. 309

City	State	Zip Code
LITTLE ROCK	AR	72227-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13101847

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. THELMA LEHMAN

Mailing Address 2601 ANDOVER CT.
APT. 309

City	State	Zip Code
LITTLE ROCK	AR	72227-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13120137

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NANCY LELLELID

Mailing Address 3901 HOYT AVE

City	State	Zip Code
EVERETT	WA	98201-4918

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: SA11.13105450

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 415 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARK A. LEMOINE

Mailing Address 4183 TRADEWIND DR. NE

City

ROCKFORD

State

MI

Zip Code

49341-8257

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125959

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELLEN BOYD LENK

Mailing Address 9505 NORTHPOINTE BLVD.
APARTMENT 247

City

SPRING

State

TX

Zip Code

77379-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133583

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD LENNOX

Mailing Address 12102 NE 245TH COURT

City

BRUSH PRAIRIE

State

WA

Zip Code

98606-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099430

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. LOUISE M. LENT

Mailing Address 19 DALEVILLE RD

City

STORRS MANSFIELD

State

CT

Zip Code

06268-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120785

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA LEONARD

Mailing Address 728 E ACOMA DR

City

PHOENIX

State

AZ

Zip Code

85022-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125176

Amount of Each Receipt this Period

55.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEPHEN LEONARD

Mailing Address 2900 CHAMBLEE TUCKER RD
BUILDING5 SUITE 210

City

ATLANTA

State

GA

Zip Code

30341-4100

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096333

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MARY E. LEOPOLD

Mailing Address 4445 LYNBROOK LOOP
APT 2

City State Zip Code
REDDING CA 96003-6840

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107618

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARY E. LEOPOLD

Mailing Address 4445 LYNBROOK LOOP
APT 2

City State Zip Code
REDDING CA 96003-6840

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118843

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. VICKY LESLEY

Mailing Address 4390 S 700 W

City State Zip Code
OGDEN UT 84405-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
STONEY BROOK ASSISTED LIV-
ING

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105430

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CHASE C. LEVEY

Mailing Address 574 W. HAWTHORNE PLACE

City

CHICAGO

State

IL

Zip Code

60657-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098938

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CHASE C. LEVEY

Mailing Address 574 W. HAWTHORNE PLACE

City

CHICAGO

State

IL

Zip Code

60657-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112283

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CHASE C. LEVEY

Mailing Address 574 W. HAWTHORNE PLACE

City

CHICAGO

State

IL

Zip Code

60657-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128351

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT LEVIN

Mailing Address 646 VIRGINIA ST 4TH FL

City

DUNEDIN

State

FL

Zip Code

34698-6612

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111166

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BRET C. LEWIS

Mailing Address 5780 PEACHTREE DUNWOODY RD NE
SUITE 295

City

ATLANTA

State

GA

Zip Code

30342-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124791

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARTIN R. LEWIS

Mailing Address 50 MADISON AVENUE

City

NEW YORK

State

NY

Zip Code

10010-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098578

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS J. LEYTHAM

Mailing Address 3453 INTERSTATE HWY 35 N
STE 207B

City State Zip Code
SAN ANTONIO TX 78219

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11.13111064

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL LEZIUS

Mailing Address 10501 LAKE SHORE BLVD

City State Zip Code
BRATENAHL OH 44108-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11.13117290

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANCIS P. LIDE

Mailing Address 108 CALVERLEY AVENUE

City State Zip Code
HOUGHTON MI 49931-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2009

Transaction ID: SA11.13091545

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JUDY LIEU

Mailing Address 24309 NORTHVIEW PLACE

City

DIAMOND BAR

State

CA

Zip Code

91765-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128662

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CYNTHIA LIMA

Mailing Address 10569 MACKENZIE WAY

City

DUBLIN

State

OH

Zip Code

43017-8784

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13113285

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LUKE LIN

Mailing Address 4800 FRIENDSHIP AVE

City

PITTSBURGH

State

PA

Zip Code

15224-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119531

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. NING LIN

Mailing Address 6700 N 1ST ST. STE. 104

City

FRESNO

State

CA

Zip Code

93710-3947

FEC ID number of contributing
federal political committee.

C

Name of Employer
EYE AND VISION CENTRAL CA-
LIFORNIA, INC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095733

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY I. LINCICOME

Mailing Address 5223 ARROWOOD COURT

City

COLUMBUS

State

OH

Zip Code

43229-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123211

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. TODD V. LINCOLN

Mailing Address 19841 N 27TH AVE
304

City

PHOENIX

State

AZ

Zip Code

85027-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115616

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY LINDBERG

Mailing Address 8882 WINE VALLEY CIR

City

SAN JOSE

State

CA

Zip Code

95135-2166

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111873

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL H. LINDNER, III

Mailing Address 9450 WHITEGATE LANE

City

CINCINNATI

State

OH

Zip Code

45243-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN FINANCIAL CORPOR-
ATION

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104986

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KEITH E. LINDNER

Mailing Address 534 PONTE VEDRA BLVD.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHIKUITA BRANDS

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104981

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. S. CRAIG LINDNER

Mailing Address 7725 BUCKINGHAM ROAD

City

CINCINNATI

State

OH

Zip Code

45243-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN FINANCIAL GROUP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13104977

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RANDY LINN

Mailing Address P.O. BOX 453

City

ARAB

State

AL

Zip Code

35016-0453

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORAL DESIGN, INC.

Occupation

MANUFACTURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123253

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROLLISTON LINSBOTT

Mailing Address 3710 GULF OF MEXICO DRIVE LOT

City

LONGBOAT KEY

State

FL

Zip Code

34228-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13098828

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CALVIN D. LIPSCOMB

Mailing Address 1583 OMNI BLVD

City

MT PLEASANT

State

SC

Zip Code

29466-8855

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRIFTWOOD HEALTHCARE MANA-
GERS

Occupation

OWNER/PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119867

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JACKSON LIU

Mailing Address 661 S TRIMBLE ROAD

City

MANSFIELD

State

OH

Zip Code

44906-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096982

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BRADFORD C. LIVA

Mailing Address 119 PROSPECT ST

City

RIDGEWOOD

State

NJ

Zip Code

07450-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120668

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SIDNEY L. LIVINGSTON, SR.

Mailing Address 522 E TRAVIS ST

City

FREDERICKSBURG

State

TX

Zip Code

78624-4365

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108581

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIE C. LIVINGSTON

Mailing Address 1401 NOBLE WAY

City

FLOWER MOUND

State

TX

Zip Code

75022-8114

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107743

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROY J. LOBDELL

Mailing Address 5 RAILROAD ST
5 RAILROAD ST

City

FREEVILLE

State

NY

Zip Code

13068-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113702

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ROWENA A. LOBLEY

Mailing Address PO BOX 277

City

TEXLINE

State

TX

Zip Code

79087-0277

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122635

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAN L. LOCKER

Mailing Address 2502 CROCKETT DR

City

BROWNWOOD

State

TX

Zip Code

76801-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105460

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GENE LOCKHART

Mailing Address 1203 NE FOREMAN ROAD

City

YUKON

State

OK

Zip Code

73099-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13110180

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GENE LOCKHART

Mailing Address 1203 NE FOREMAN ROAD

City

YUKON

State

OK

Zip Code

73099-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123543

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LUELLA L. LOEWEN

Mailing Address 801 3RD AVE APT 216

City

MOUNTAIN LAKE

State

MN

Zip Code

56159-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116987

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BRENDA LOGSDON

Mailing Address 1912 RED CLOUD RD

City

LONGMONT

State

CO

Zip Code

80501-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONGMOUNT HOSPITAL

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

759.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125575

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LEIF A. LOHRBAUER

Mailing Address 6444 BEACH BLVD

City

JACKSONVILLE

State

FL

Zip Code

32216-2891

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13100568

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DONALD E. LONG

Mailing Address 5532 STATE ROUTE 4

City

BUCYRUS

State

OH

Zip Code

44820-9492

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13101562

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HOWARD F. LONG

Mailing Address 363 SAINT MARY ST

City

PLEASANTON

State

CA

Zip Code

94566-6540

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: SA11.13095270

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. REBECCA LONG

Mailing Address 2927 OLD STAGE RD

City

GASTONIA

State

NC

Zip Code

28052-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: SA11.13098481

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA D. LONG

Mailing Address 22946 ESPADA DRIVE

City

SALINAS

State

CA

Zip Code

93908-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2009

Transaction ID: SA11.13102458

Amount of Each Receipt this Period

5.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CAROL K. LONGLEY

Mailing Address 41 LENNON LANE

City

WALPOLE

State

NH

Zip Code

03608-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11.13112867

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. ALICE W. LORILLARD

Mailing Address P.O. BOX 219
P.O. BOX 219

City State Zip Code
FAR HILLS NJ 07931-0219

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FARMER/MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11.13125579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD J. LOTHROP

Mailing Address 7854 BICENTENNIAL PLACE

City State Zip Code
CINCINNATI OH 45249-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: SA11.13104982

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. SEYMOUR N. LOTSOFF

Mailing Address P.O. BOX 9510

City State Zip Code
RANCHO SANTA FE CA 92067-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.13105821

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM M. LOUCKA

Mailing Address P.O. BOX 1658

City

MANHATTAN BEACH

State

CA

Zip Code

90267-1658

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123980

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JAMES LOWSON

Mailing Address 613 POB

City

LAHAINA

State

HI

Zip Code

96767-0613

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134695

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LAURIE LOWSON

Mailing Address 11494 POB

City

LAHAINA

State

HI

Zip Code

96761-6494

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REALTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134694

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CINDY LOZIER

Mailing Address 5400 ROWE TRL

City

MILTON

State

FL

Zip Code

32571-9534

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAN LOZIER

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113077

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CRAIG H. LUBIN

Mailing Address 1111 W 34TH ST #200

City

AUSTIN

State

TX

Zip Code

78705-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107465

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ALFRED E. LUCERO

Mailing Address 10101 E CEDAR WAXWING DR

City

SUN LAKES

State

AZ

Zip Code

85248-7661

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102898

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALFRED E. LUCERO

Mailing Address 10101 E CEDAR WAXWING DR

City

SUN LAKES

State

AZ

Zip Code

85248-7661

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11.13116269

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ALFRED E. LUCERO

Mailing Address 10101 E CEDAR WAXWING DR

City

SUN LAKES

State

AZ

Zip Code

85248-7661

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11.13116626

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ERIC S. LUDWIG

Mailing Address 4359 FAIRLAWN DR

City

LA CANADA

State

CA

Zip Code

91011-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2009

Transaction ID: SA11.13124821

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. LUECK

Mailing Address 19312 S TUTHILL RD

City

BUCKEYE

State

AZ

Zip Code

85326-4734

FEC ID number of contributing
federal political committee.

C

Name of Employer
SONORA DESERT DAIRIES LLC

Occupation
DAIRYMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13119007

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ALEXIS LUKIANOV

Mailing Address PO BOX 1145

City

RANCHO SANTA FE

State

CA

Zip Code

92067-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099700

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES R. LUNDEEN

Mailing Address 14141 RIVERSIDE DRIVE
APARTMENT 4

City

SHERMAN OAKS

State

CA

Zip Code

91423-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHARMAVITE L.L.C.

Occupation
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113416

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MICHELLE ERIN LUNDIN

Mailing Address 1121 S 221ST W AVE

City

SAND SPRINGS

State

OK

Zip Code

74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAREHOUSE MARKET

Occupation

CARRYOUT/STOCK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096204

Amount of Each Receipt this Period

5.30

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MICHELLE ERIN LUNDIN

Mailing Address 1121 S 221ST W AVE

City

SAND SPRINGS

State

OK

Zip Code

74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAREHOUSE MARKET

Occupation

CARRYOUT/STOCK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108590

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MICHELLE ERIN LUNDIN

Mailing Address 1121 S 221ST W AVE

City

SAND SPRINGS

State

OK

Zip Code

74063-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAREHOUSE MARKET

Occupation

CARRYOUT/STOCK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129846

Amount of Each Receipt this Period

5.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM E. LUPER

Mailing Address 8850 LONG POINT RD
DEPT. OF PATHOLOGYCity State Zip Code
HOUSTON TX 77055-3006FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11.13109882

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CAROL J. LUPKE

Mailing Address 1407 HAWTHORNE RD

City State Zip Code
FORT WAYNE IN 46802-4957FEC ID number of contributing
federal political committee.**C**Name of Employer
LUPKE FOUNDATIONOccupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122637

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FRANK R. LUSHER

Mailing Address 3180 WILLOW LN
SUITE 116City State Zip Code
THOUSAND OAKS CA 91361-4985FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11.13109885

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WADE LYNCH

Mailing Address 204 E MAIN ST

City

MOUNT PLEASANT

State

UT

Zip Code

84647-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARCH COAL

Occupation

COAL MINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107753

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GEORGE M. LYON

Mailing Address 550 PEACHTREE ST NE FL 7

City

ATLANTA

State

GA

Zip Code

30308-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFECTIOUS DISEASES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115612

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SUSAN MACDOUGALL

Mailing Address 5 BEARD WAY

City

WELLESLEY

State

MA

Zip Code

02482-7443

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125658

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN W. MACE

Mailing Address 250 E CAROLINE ST
SUITE J

City	State	Zip Code
SAN BERNARDINO	CA	92408-3758

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOMA LINDA UNIVERSITY FAC-
ULTY PHYSICIANOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13095728

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. S. P. MACH

Mailing Address PO BOX 130630

City	State	Zip Code
HOUSTON	TX	77219-0630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MACH INDUSTRIAL GROUP, LPOccupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13130563

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES E. MACK

Mailing Address 314 COCOA AVENUE

City	State	Zip Code
INDIALANTIC	FL	32903-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Transaction ID: SA11.13105197

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES E. MACK

Mailing Address 314 COCOA AVENUE

City

INDIALANTIC

State

FL

Zip Code

32903-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118936

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. THEODORE MACKETT

Mailing Address 10000 SE MAIN ST
SUITE 316

City

PORTLAND

State

OR

Zip Code

97216-2470

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098465

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MIRIAM MACKOVIC

Mailing Address 3650 SOUTH ST STE 403

City

LAKEWOOD

State

CA

Zip Code

90712-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN CARE, INC.

Occupation
MEDICAL DIRECTOR AND OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112789

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MELANIE L. MACY

Mailing Address 1185 GLEN DR

City

SAN LEANDRO

State

CA

Zip Code

94577-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

JEWELRY DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123106

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PATRICK J. MADDEN

Mailing Address 340 WOOD ROAD SUITE 103

City

BRAINTREE

State

MA

Zip Code

02184-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096330

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. VINCENT MAGLIOCCO

Mailing Address 2230 TOWNE LAKE PKWY 100

City

WOODSTOCK

State

GA

Zip Code

30189-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096669

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 442 / 1070
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MATTHEW J. MAGNINO

Mailing Address 1040 N BELL ST

City

FREMONT

State

NE

Zip Code

68025-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CARE SPECIALIS-
TS

Occupation

PHYSICIAN AND PARTNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

Transaction ID: SA11.13105428

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CAROL S. MAHONY

Mailing Address 670 LAKE DRIVE

City

VERO BEACH

State

FL

Zip Code

32963-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: SA11.13126287

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LOIS MAILANDER

Mailing Address 4224 HOUMA BLVD # 500

City

METAIRIE

State

LA

Zip Code

70006-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	9

Transaction ID: SA11.13098329

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CATHERINE A. MAJOR

Mailing Address 801 6TH ST S

City

ST PETERSBURG

State

FL

Zip Code

33701-4816

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109883

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. NATHALIE MAJOREK

Mailing Address 100 CUMMINGS CTR. STE. 126 Q

City

BEVERLY

State

MA

Zip Code

01915-6115

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119591

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH J. MALARA

Mailing Address 185 ALBEMARLE RD

City

WHITE PLAINS

State

NY

Zip Code

10605-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112839

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MEREDITH MALLORY, JR.

Mailing Address 8151 BROADWAY ST STE 100

City

SAN ANTONIO

State

TX

Zip Code

78209-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PERSONAL INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113262

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MEREDITH MALLORY, JR.

Mailing Address 8151 BROADWAY ST STE 100

City

SAN ANTONIO

State

TX

Zip Code

78209-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PERSONAL INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121502

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE MALMUTH

Mailing Address 182 MAPLE RD

City

NEWBURY PARK

State

CA

Zip Code

91320-4718

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095715

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. J PHILIP MALONEY

Mailing Address 3710 W MINERAL KING AVENUE

City

VISALIA

State

CA

Zip Code

93291-5531

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096335

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN M. MALONEY

Mailing Address 960 JOHNSON FERRY RD NE
SUITE 430

City

ATLANTA

State

GA

Zip Code

30342-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102109

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN MANCINE

Mailing Address 15436 N 9TH AVE

City

PHOENIX

State

AZ

Zip Code

85023-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANCINE & ASSOCIATES, INC.

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096046

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. CHARLES G. MANDER

Mailing Address **24 WILCOX PL**

City State Zip Code
FAIR LAWN NJ 07410-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer
**NEW YORK CITY TRANSIT AUT-
 HORITY**

Occupation
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 21 / 2009

Transaction ID: SA11.13113236

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES E. MANKINS

Mailing Address **2506 GREENHILLS DRIVE**

City State Zip Code
KILGORE TX 75662-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

09 / 24 / 2009

Transaction ID: SA11.13121846

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES B. MANNING

Mailing Address **8290 W. COAL MINE AVENUE**

City State Zip Code
LITTLETON CO 80123-4460

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
MANAGEMENT ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 04 / 2009

Transaction ID: SA11.13098947

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAY MANNING

Mailing Address 8830 INVERNESS PARK WAY

City

HOUSTON

State

TX

Zip Code

77055-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer
EQUISALES ASSOCIATES

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13109869

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN B. MANSFIELD

Mailing Address 1012 RESERVOIR ST STE B

City

HARRISONBURG

State

VA

Zip Code

22801-4457

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095664

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN L. MARANA

Mailing Address 30214 CORTE CANTANIA

City

TEMECULA

State

CA

Zip Code

92591-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112089

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. SIDNEY MARCHASIN

Mailing Address 1301 SHOREWAY ROAD
STE. 100

City State Zip Code
BELMONT CA 94002-4151

FEC ID number of contributing
federal political committee.

C

Name of Employer
CATHOLIC HEALTH CARE WEST

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123740

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DENNIS MARCOTTE

Mailing Address 2 JACOBS WAY

City State Zip Code
GREENSBORO NC 27455-9326

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126510

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BERNARD MARCUS

Mailing Address 1266 W. PACES FERRY ROAD
SUITE 615

City State Zip Code
ATLANTA GA 30327-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARCUS FOUNDATION

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133531

Amount of Each Receipt this Period

12500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. WILIMA MARCUS

Mailing Address 7179 AYRSHIRE LANE

City

BOCA RATON

State

FL

Zip Code

33496-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHILANTHROPIST

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133535

Amount of Each Receipt this Period

12500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JULIO MARIN

Mailing Address 1535 W MERCED AVE
STE 104

City

WEST COVINA

State

CA

Zip Code

91790-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13144023

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM MARMANDE

Mailing Address 1978 INDUSTRIAL BLVD

City

HOUMA

State

LA

Zip Code

70363-7055

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123663

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD P. MARRS

Mailing Address 11818 WILSHIRE BLVD
STE 300

City State Zip Code
LOS ANGELES CA 90025-6648

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096734

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DONNA MARSH

Mailing Address 2018 E. DEERWOOD DRIVE

City State Zip Code
RICHMOND TX 77406-9655

FEC ID number of contributing
federal political committee.

C

Name of Employer
VINSON & ELKINS LLP

Occupation
PARALEGAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121219

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLEN R. MARSHALL

Mailing Address 10629 E. BLUE CREEK ROAD

City State Zip Code
MCALESTER OK 74501-8211

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEWFIELD

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098790

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACK MARSHALL

Mailing Address 2820 HEMINGWAY DRIVE

City

NASHVILLE

State

TN

Zip Code

37215-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101258

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH L. MARSHALL

Mailing Address 480 OAKCREST DR

City

DURANGO

State

CO

Zip Code

81301-6904

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127692

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. NELDA JEAN MARSHALL

Mailing Address 22719 MICHALE ST

City

CANOGA PARK

State

CA

Zip Code

91304-2243

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124899

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD A. MARSTELLER

Mailing Address 5301 BALMORAL LN

City

FLOWER MOUND

State

TX

Zip Code

75028-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101841

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT MARTELLO

Mailing Address 287 S CENTRAL AVE

City

UMATILLA

State

FL

Zip Code

32784-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124760

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLI E. MARTENS

Mailing Address 400 N 17TH ST

City

KEOKUK

State

IA

Zip Code

52632-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109887

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BEN F. MARTIN

Mailing Address 330 SALEM AVE

City

HOLLY SPRINGS

State

MS

Zip Code

38635-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	9	

Transaction ID: SA11.13127869

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARROLL H. MARTIN

Mailing Address 45 PRESTWICK

City

ODESSA

State

TX

Zip Code

79762-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	9	

Transaction ID: SA11.13122012

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS MARTINI

Mailing Address 100 SOLITUDE WAY

City

CARY

State

NC

Zip Code

27518-8994

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	9	

Transaction ID: SA11.13097588

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD S. MARTIN

Mailing Address 1046 WOODBERRY ROAD

City

NEW KENSINGTON

State

PA

Zip Code

15068-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119924

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. MARTIN

Mailing Address 16707 RIPPLING MILL DRIVE

City

SUGAR LAND

State

TX

Zip Code

77498-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107723

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. MARTIN

Mailing Address 16707 RIPPLING MILL DRIVE

City

SUGAR LAND

State

TX

Zip Code

77498-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108865

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRANCIS J. MARTIN

Mailing Address 16707 RIPPLING MILL DRIVE

City

SUGAR LAND

State

TX

Zip Code

77498-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125025

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. J. ALLEN MARTIN

Mailing Address 10095 LAWYERS ROAD

City

VIENNA

State

VA

Zip Code

22181-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE LIVINGSTON GROUP

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13110173

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LEAH J. MARTIN

Mailing Address 7002 N.W. 47TH STREET

City

BETHANY

State

OK

Zip Code

73008-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUNLAP, CODDING AND ROGER-
S, PC

Occupation
PARALEGAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098884

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MARLYS E. MARTIN

Mailing Address 6555 SW HAMILTON WAY

City

PORTLAND

State

OR

Zip Code

97225-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112064

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARLYS E. MARTIN

Mailing Address 6555 SW HAMILTON WAY

City

PORTLAND

State

OR

Zip Code

97225-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113557

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARLYS E. MARTIN

Mailing Address 6555 SW HAMILTON WAY

City

PORTLAND

State

OR

Zip Code

97225-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128796

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. MARTIN

Mailing Address 506 WISTERIA DR

City

DALTON

State

GA

Zip Code

30720-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128132

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. MARTIN

Mailing Address 506 WISTERIA DR

City

DALTON

State

GA

Zip Code

30720-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128226

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. W. D. MARTIN

Mailing Address 1279 HIGHWAY 54 W #220

City

FAYETTEVILLE

State

GA

Zip Code

30214-4552

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099759

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ARMANDO MARULL

Mailing Address 10131 W FOREST HILL BLVD
STE 100A

City State Zip Code
WELLINGTON FL 33414-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2009

Transaction ID: SA11.13107409

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. VISHWAS J. MASHALKAR

Mailing Address 1645 INDIAN WOOD CIR
202

City State Zip Code
MAUMEE OH 43537-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2009

Transaction ID: SA11.13098322

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CHARLES MASON

Mailing Address 8530 NORTHBLUFF LN

City State Zip Code
POWELL OH 43065-8084

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11.13112790

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. MASSEY

Mailing Address 8665 FLORIN RD.
UNIT 3

City State Zip Code
SACRAMENTO CA 95828-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118484

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MEHRU MASTER

Mailing Address 6502 KENILWORTH AVE
SUITE 100

City State Zip Code
RIVERDALE MD 20737-1372

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INTERNAL MEDICINE

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095671

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEVE MATGEN

Mailing Address 315 BECK AVENUE

City State Zip Code
REMSEN IA 51050-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer
MATGEN INS. INC

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098445

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY AILEEN MATHEIS

Mailing Address 73 NIGHTHAWK

City

IRVINE

State

CA

Zip Code

92604-3683

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAW OFFICE OF MARY AILEEN
MATHEIS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114636

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY AILEEN MATHEIS

Mailing Address 73 NIGHTHAWK

City

IRVINE

State

CA

Zip Code

92604-3683

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAW OFFICE OF MARY AILEEN
MATHEIS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114637

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY AILEEN MATHEIS

Mailing Address 73 NIGHTHAWK

City

IRVINE

State

CA

Zip Code

92604-3683

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAW OFFICE OF MARY AILEEN
MATHEIS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114638

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. STEVEN E. MATHER

Mailing Address 1S224 SUMMIT AVE
SUITE 203

City State Zip Code
OAKBROOK TERRACE IL 60181-3943

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122317

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLAY L. MATHILE

Mailing Address 6450 SAND LAKE ROAD
SUITE 200

City State Zip Code
DAYTON OH 45414-2679

FEC ID number of contributing
federal political committee.

C

Name of Employer
IAMS CO.

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115732

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY LOU MATHIOWETZ

Mailing Address 30817 COUNTY ROAD 24

City State Zip Code
SLEEPY EYE MN 56085-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114343

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY LOU MATHIOWETZ

Mailing Address 30817 COUNTY ROAD 24

City

SLEEPY EYE

State

MN

Zip Code

56085-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125401

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KHOSROW MATINI

Mailing Address 7910 ANDRUS RD. STE. 5

City

ALEXANDRIA

State

VA

Zip Code

22306-3171

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
SURGERY - GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094119

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. AJMAL A. MATLOOB

Mailing Address 1905 E HUEBBE PKWY

City

BELOIT

State

WI

Zip Code

53511-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098379

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JUDY JONES MATTHEWS

Mailing Address P.O. BOX 176

City

ABILENE

State

TX

Zip Code

79604-0176

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13133580

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KATHY C. MAUPIN

Mailing Address 567 N. SPOEDE ROAD

City

SAINT LOUIS

State

MO

Zip Code

63141-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122580

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ARTHUR MAUTERER

Mailing Address 309 WALNUT ST STE B
SUITE B

City

AMITE

State

LA

Zip Code

70422-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARTHUR MAUTERER, MDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13127424

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. NICOLE MAWBY

Mailing Address 205 STONEBRIDGE CT

City

MAYFIELD HTS

State

OH

Zip Code

44143-3681

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112052

Amount of Each Receipt this Period

209.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JUNE C. MAY

Mailing Address 6208 WATERFORD BLVD
APT 87

City

OKLAHOMA CITY

State

OK

Zip Code

73118-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100723

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. EVELYN MAYBERRY

Mailing Address 56805 MOUNTAIN VW

City

LA QUINTA

State

CA

Zip Code

92253-8844

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098480

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

329.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. STEVEN D. MAYNARD

Mailing Address 1739 N 4TH ST

City

TERRE HAUTE

State

IN

Zip Code

47804-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115608

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICK MAZZA

Mailing Address 71 AUDREY AVE

City

OYSTER BAY

State

NY

Zip Code

11771-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRAVEL SAVERS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CHIEF EXECUTIVE OFFICER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102518

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEVE G. MAZZONI

Mailing Address 3601 ALGONQUIN RD
STE 300

City

ROLLING MEADOWS

State

IL

Zip Code

60008-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAZZONI & ASSOCIATES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124844

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. A. SLOAN MC BURNEY

Mailing Address P.O. BOX 550

City

DORSET

State

VT

Zip Code

05251-0550

FEC ID number of contributing
federal political committee.

C

Name of Employer
MC BURNEY ASSOC. INC.

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123957

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HOWARD MC CUE, JR.

Mailing Address 12 HUNTLEY RD

City

RICHMOND

State

VA

Zip Code

23226-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122561

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CLARENCE H. MC DONALD, JR.

Mailing Address P.O. BOX 1079

City

MINERAL WELLS

State

TX

Zip Code

76068-1079

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100899

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CLARENCE H. MC DONALD, JR.

Mailing Address P.O. BOX 1079

City

MINERAL WELLS

State

TX

Zip Code

76068-1079

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120499

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KEVIN MC DONALD

Mailing Address 107 E 23RD ST

City

HAYS

State

KS

Zip Code

67601-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123711

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. EDITH MCALLISTER

Mailing Address 203 TERRELL RD.

City

SAN ANTONIO

State

TX

Zip Code

78209-5915

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099994

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARK MCBRIDE

Mailing Address 837 SAN LUIS REY AVE

City

CORONADO

State

CA

Zip Code

92118-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHARP REES-STEALY MEDICAL
GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122363

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN MCCABE

Mailing Address 301 4TH ST

City

ALEXANDRIA

State

LA

Zip Code

71301-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13144022

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

MR. JOHN J. MCCABE

Mailing Address 675 3RD AVE. STE. 1130

City

NEW YORK

State

NY

Zip Code

10017-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHAY ASSETS MANAGEMENT IN-
C.

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105436

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DREW MCCAUSLAND

Mailing Address 606 E MARSHALL ST
STE 107

City State Zip Code
WEST CHESTER PA 19380-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
DERMATOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120725

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER B. MCCLAIN

Mailing Address 34 BUTTERNUT DRIVE

City State Zip Code
HATBORO PA 19040-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMPSON LEXUS

Occupation
AUTOMATIVE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096075

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER B. MCCLAIN

Mailing Address 34 BUTTERNUT DRIVE

City State Zip Code
HATBORO PA 19040-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMPSON LEXUS

Occupation
AUTOMATIVE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106468

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER B. MCCLAIN

Mailing Address 34 BUTTERNUT DRIVE

City

HATBORO

State

PA

Zip Code

19040-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMPSON LEXUS

Occupation

AUTOMATIVE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13129972

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. HONEY LOU MCCONNELL

Mailing Address 5793 I 25

City

WALSENBURG

State

CO

Zip Code

81089

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127249

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID H. MCCORD

Mailing Address P.O. BOX 331109

City

NASHVILLE

State

TN

Zip Code

37203-7510

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13115728

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALAN MCCOY

Mailing Address 10607 MERRICK LANE

City

CINCINNATI

State

OH

Zip Code

45242-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer
AK STEEL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104979

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JIMMY E. MCCOY

Mailing Address 120 MEDICAL DR

City

BOERNE

State

TX

Zip Code

78006-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123649

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RONALD MCCOY

Mailing Address 2400 AVALON AVE., STE C

City

MUSCLE SHOALS

State

AL

Zip Code

35661-3167

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123738

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JAN MCCRARY

Mailing Address PO BOX 1189

City

LITTLEFIELD

State

TX

Zip Code

79339-1189

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE FARM INSURANCE

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107120

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARION MCCROSKEY

Mailing Address 5580 CONWAY DR

City

MARIETTA

State

GA

Zip Code

30068-4506

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122613

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT MCELDOWNEY, JR.

Mailing Address 111 MOORINGS PARK DRIVE
APARTMENT 117

City

NAPLES

State

FL

Zip Code

34105-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13110289

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

440.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALLAN J. MCELFRESH

Mailing Address 533 ELZIE HALLMAN RD

City

LEESVILLE

State

SC

Zip Code

29070-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13115679

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DAVID MCGAUGHEY

Mailing Address 11520 SE SUNNY

City

CLACKAMAS

State

OR

Zip Code

97015

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13117393

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DONNA B. MCGEE

Mailing Address 50 HOSPITAL DR
5B

City

HENDERSONVILLE

State

NC

Zip Code

28792-5248

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK RIDGE MEDICAL ASSOCI-
ATESOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: SA11.13107407

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SCOTT S. MCKAY, II

Mailing Address 170 ROSEHEART

City

SAN ANTONIO

State

TX

Zip Code

78259-2369

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108404

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JACK MCKEE

Mailing Address 9530 GLYNN DOWNING DRIVE

City

OOLTEWAH

State

TN

Zip Code

37363-8141

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113276

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MIREILLE G. MCKELL

Mailing Address 166 W SECOND ST

City

CHILLICOTHE

State

OH

Zip Code

45601-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122539

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SALLY A. MCKENZIE

Mailing Address 6987 WELLER ST

City

SAN DIEGO

State

CA

Zip Code

92122-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
TORREY PINES ORTHOPEDIC

Occupation
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125568

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAN MCKINNON

Mailing Address 1125-101 PACIFIC BEACH DRIVE

City

SAN DIEGO

State

CA

Zip Code

92109-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13123081

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J RANDLE MCKINNEY

Mailing Address P.O. BOX 2999

City

GULF SHORES

State

AL

Zip Code

36547-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer
REALTY EXECUTIVES GULF CO-
AST

Occupation
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091738

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT MCKINNEY

Mailing Address 91-200 KAUHI ST

City

KAPOLEI

State

HI

Zip Code

96707-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARNAGE MACHINERY

Occupation
MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122982

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RONALD L. MCKNIGHT

Mailing Address 4578 NAVAJO STRET

City

DENVER

State

CO

Zip Code

80211-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101031

Amount of Each Receipt this Period

12.50

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RONALD L. MCKNIGHT

Mailing Address 4578 NAVAJO STRET

City

DENVER

State

CO

Zip Code

80211-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101384

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

192.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JIMMIE L. MCLAUGHLIN

Mailing Address 158 AIRPORT RD

City

BUFFALO

State

WY

Zip Code

82834-9490

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON COUNTY AERO, INC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13095760

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CATHY MCLURE

Mailing Address 4361 CHICKERING LANE

City

NASHVILLE

State

TN

Zip Code

37215-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Transaction ID: SA11.13115737

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MISSEY MCMINN

Mailing Address 808 HIGHLAND CT

City

BRANDON

State

MS

Zip Code

39047-9069

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098468

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

20400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL MCMULLEN

Mailing Address 505 BEAHAN ROAD

City

ROCHESTER

State

NY

Zip Code

14624-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096329

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLYDE MCMURRAY

Mailing Address 906 SESSIONS ST

City

BOWIE

State

TX

Zip Code

76230-4158

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116190

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. WILLIAM MCNABB

Mailing Address 114 CHACAHOUOLA LN

City

MANDEVILLE

State

LA

Zip Code

70471-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112225

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD S. MCNARY

Mailing Address 13418 VISTA DEL MAR

City

SAN ANTONIO

State

TX

Zip Code

78216-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROJECT CONTROL OF TEXAS

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113273

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LISA MCPHERSON

Mailing Address 11300 CANTERBURY CT.

City

LEAWOOD

State

KS

Zip Code

66211-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

RE/MAX REGIONAL SERVICES

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125617

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES L. MEARS

Mailing Address 1619 HACKNEY AVE

City

ORLANDO

State

FL

Zip Code

32806-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101706

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD M. MEBS

Mailing Address P.O. BOX 7411

City

HUNTINGTON BEACH

State

CA

Zip Code

92615-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer
NASA

Occupation

FEDERAL AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13109843

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBENA MEDBERY

Mailing Address 315 BROADMOOR DR

City

FAYETTEVILLE

State

GA

Zip Code

30215-2793

FEC ID number of contributing
federal political committee.

C

Name of Employer
RADIATION ONCOLOGY SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105733

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAY T. MEDLOCK

Mailing Address 2104 HARTFORD RUN

City

BUFORD

State

GA

Zip Code

30518-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101406

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RAY T. MEDLOCK

Mailing Address 2104 HARTFORD RUN

City

BUFORD

State

GA

Zip Code

30518-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113373

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RAY T. MEDLOCK

Mailing Address 2104 HARTFORD RUN

City

BUFORD

State

GA

Zip Code

30518-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117669

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RALPH O. MEEMS

Mailing Address 212 E MAIN ST

City

RIPON

State

CA

Zip Code

95366-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIPON AUTO CENTER, INC.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110130

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. HELEN H. MEHELICH

Mailing Address 2889 SLATER RD

City

OAK HARBOR

State

WA

Zip Code

98277-9052

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102432

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS MEIJER

Mailing Address PO BOX 3321

City

GRAND RAPIDS

State

MI

Zip Code

49501-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEIJER

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125951

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HENDRIK G. MEIJER

Mailing Address PO BOX 2822

City

GRAND RAPIDS

State

MI

Zip Code

49501-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEIJER INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125950

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROLF W. MEINHOLD

Mailing Address 2700 ABBEY CT

City

ALPHARETTA

State

GA

Zip Code

30004-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125514

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HOOMAN MELAMED

Mailing Address 13160 MINDANAO WAY
STE 300

City

MARINA DEL REY

State

CA

Zip Code

90292-6393

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125483

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS E. MELIN

Mailing Address 2800 ASHTON DR # 200

City

WILMINGTON

State

NC

Zip Code

28412-2486

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100542

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. THOMAS E. MELIN

Mailing Address **COASTAL NUEROSURGICAL ASSOC**
2800 ASHTON DR #200

City State Zip Code
WILMINGTON NC 28412-2486

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 28 / 2009

Transaction ID: SA11.13127036

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT MELLER

Mailing Address **20963 US HIGHWAY 65**

City State Zip Code
COLO IA 50056-8555

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 29 / 2009

Transaction ID: SA11.13124916

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL R. MENARD

Mailing Address **40 OAK CREEK TRAIL**

City State Zip Code
MADISON WI 53717-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 28 / 2009

Transaction ID: SA11.13122538

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARY MEO

Mailing Address 2510 E. DUPONT RD.
#210

City State Zip Code
FORT WAYNE IN 46825-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102105

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. FRANCES MERCADO

Mailing Address 1020 LINWOOD AVE

City State Zip Code
METAIRIE LA 70003-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111914

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. FRANCES METCALF

Mailing Address 211 W. PINERIDGE LANE

City State Zip Code
MCALLEN TX 78503-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106029

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CARMEN METILDI

Mailing Address 5 CARMEN LN

City

FULTON

State

NY

Zip Code

13069-4991

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098453

Amount of Each Receipt this Period

275.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY C. METZEL, JR.

Mailing Address 19391 SHADY HARBOR CIR.

City

HUNTINGTN BCH

State

CA

Zip Code

92648-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123203

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JEFFREY C. METZEL, JR.

Mailing Address 19391 SHADY HARBOR CIR.

City

HUNTINGTN BCH

State

CA

Zip Code

92648-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130172

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ANN METZGER

Mailing Address 5721 WOODBRIAR CV

City

MEMPHIS

State

TN

Zip Code

38120-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119562

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ERIC MEYER, M.D.

Mailing Address 4277 HIGHWAY 165

City

HOLLYWOOD

State

SC

Zip Code

29449-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112198

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ESTHER MICHAELIS

Mailing Address 519 S POWERLINE RD

City

NAMPA

State

ID

Zip Code

83686-5553

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095279

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. STANLEY MICHALESKI

Mailing Address **18124 WOODSIDE DR**

City State Zip Code
HAGERSTOWN MD 21740-9551

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

09 / 21 / 2009

Transaction ID: **SA11.13112869**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CALVIN MICHELSON

Mailing Address **4940 BROADWAY STREET
SUITE 200**

City State Zip Code
SAN ANTONIO TX 78209-5732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHELSON ENERGY COMPANY

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 04 / 2009

Transaction ID: **SA11.13104971**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. JEFFREY A. MICHELSON

Mailing Address **801 MCCARTHY BLVD**

City State Zip Code
NEW BERN NC 28562-5237

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
BEST EFFORTS**

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 25 / 2009

Transaction ID: **SA11.13123628**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARY C. MICHELIS

Mailing Address 2755 W AVENUE N

City

PALMDALE

State

CA

Zip Code

93551-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARY C. MICHELIS CO.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125538

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES MIDDLETON

Mailing Address 101 CLINIC DR

City

TARBORO

State

NC

Zip Code

27886-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120726

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J.C. CHIP MIKELL

Mailing Address 4305 S SIWELL RD

City

JACKSON

State

MS

Zip Code

39212-6214

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126771

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. VALENTIN I. MILCHEV

Mailing Address 724 N MAIN ST

City

LACONIA

State

NH

Zip Code

03246-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105466

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RONALD MILES

Mailing Address 425 PINE RIDGE BLVD
209

City

WAUSAU

State

WI

Zip Code

54401-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125525

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MILORAD M. MILIC

Mailing Address 2230 SUNSET BLVD

City

STEUBENVILLE

State

OH

Zip Code

43952-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123722

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ADELINE G. MILLER

Mailing Address P.O. BOX 34

City

RODEO

State

NM

Zip Code

88056-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124809

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. D. L. MILLER

Mailing Address 190 FM 784

City

FLOYDADA

State

TX

Zip Code

79235-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117208

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DIRK M. MILLER

Mailing Address 504 HARBOR LN N

City

MINNEAPOLIS

State

MN

Zip Code

55447-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. T. MILLER COMPANY, INC.

Occupation
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134527

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. KENT D. MILLER

Mailing Address 3741 PHEASANT LN

City

WATERLOO

State

IA

Zip Code

50701-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109890

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA O. MILLER

Mailing Address P.O. BOX 251

City

WENDELL

State

ID

Zip Code

83355-0251

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108276

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

PAULA MILLER

Mailing Address 12 CRESS RUN CIRCLE

City

SHEPHERDSTOWN

State

WV

Zip Code

25443-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLDWELL BANKER PREMIER
HOMES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
REALTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096521

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RASA K. MILLER

Mailing Address 998 S DORSET ROAD SUITE 301

City

TROY

State

OH

Zip Code

45373-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096973

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. RUBY B. MILLER

Mailing Address 1520 RUTGERS PL.

City

HARBOR CITY

State

CA

Zip Code

90710-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113542

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROGER M. MILLS

Mailing Address P.O. BOX 871

City

SEMINOLE

State

OK

Zip Code

74818-0871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILLS WELL SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OIL WELL SERVICER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097185

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. AARON P. MILSTONE

Mailing Address 4323 CAROTHERS PKWY STE. 605

City

FRANKLIN

State

TN

Zip Code

37067-5922

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAMSON MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094158

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD MINIALLY

Mailing Address 63 OFFICE PARK DR

City

ROANOKE RAPIDS

State

NC

Zip Code

27870-4940

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112805

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RICHARD E. MINTER

Mailing Address PO BOX 295

City

LANCASTER

State

MO

Zip Code

63548-0295

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098302

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MUHAMMED R. MIRZA

Mailing Address PO BOX 430

City

STANDISH

State

MI

Zip Code

48658-0430

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123742

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LEONIDA MISIUKOWIEC

Mailing Address 40 BARNESON AVE.
APARTMENT A.

City

SAN MATEO

State

CA

Zip Code

94402-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102459

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DOROTHY E. MITCHELL-LEEF

Mailing Address 1150 LAKE HEARN DR NE
400

City

ATLANTA

State

GA

Zip Code

30342-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107411

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HOWARD W. MITCHELL

Mailing Address 16902 ASCOT MEADOW DR

City

SUGAR LAND

State

TX

Zip Code

77479-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13103593

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JEFF MITCHELL

Mailing Address 9858 SPRINGSTONE ROAD

City

MCCORDSVILLE

State

IN

Zip Code

46055-9626

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN FAMILY INSURANCE
GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134704

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PAULINE MITCHELL

Mailing Address 29307 GRAND COTEAU DR.

City

FAIR OAKS RANCH

State

TX

Zip Code

78015-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125507

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT D. MITCHELL

Mailing Address 11761 ALMOND COURT

City

LOMA LINDA

State

CA

Zip Code

92354-3640

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123903

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SHARON F. MITCHELL

Mailing Address 11431 N CENTURY LN

City

SCOTTSDALE

State

AZ

Zip Code

85254-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
MITCHELL AND ERICKSON CPAOccupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: SA11.13109823

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ALICE E. MITRI

Mailing Address 20518 SARTELL DR

City

WALNUT

State

CA

Zip Code

91789-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123679

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. NANCY S. MIX

Mailing Address 6070 N. FOREST GLEN AVE.

City

CHICAGO

State

IL

Zip Code

60646-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112879

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. BONNIE R. MOELLER

Mailing Address 1540 BROADVIEW DR

City

BETTENDORF

State

IA

Zip Code

52722-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
DIETITIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122984

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RON MOELLER

Mailing Address 3911 E ROLLING GREEN LN

City

ORANGE

State

CA

Zip Code

92867-8011

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOELLERE MFG&SPLY INC

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108982

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HAROLD R. MOESER

Mailing Address 4113 TAKU BLVD

City

JUNEAU

State

AK

Zip Code

99801-9270

FEC ID number of contributing
federal political committee.

C

Name of Employer

CITY AND BOROUGH OF JUNEAU

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102485

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MOHAMMED J. MOHIUDDIN

Mailing Address 13434 BIG STONE CIR

City

ROSCOE

State

IL

Zip Code

61073-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATELINE ANESTHESIOLOGIS-
TS INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099072

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOSE MONSALVEZ

Mailing Address 4126 SOUTHWEST FWY
STE 1100

City

HOUSTON

State

TX

Zip Code

77027-7358

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102103

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ELMA K. MONTANYE

Mailing Address 13819 PERIMETER DRIVE

City

FREDERICKSBURG

State

VA

Zip Code

22407-1974

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101228

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GREGORY E. MOORE

Mailing Address 9 CENTRAL ST.

City

WINCHESTER

State

MA

Zip Code

01890-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROPES & GRAY LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. MOORE

Mailing Address 12730 NW FILBERT ST

City

PORTLAND

State

OR

Zip Code

97229-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13103830

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. MOORE

Mailing Address 12730 NW FILBERT ST

City

PORTLAND

State

OR

Zip Code

97229-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120929

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LARRY C. MOORE

Mailing Address 5308 N GALLOWAY AVE # 100

City

MESQUITE

State

TX

Zip Code

75150-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098371

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. TRUDY MOORE

Mailing Address 8151 BROADWAY #100

City

SAN ANTONIO

State

TX

Zip Code

78209-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113271

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SIEDEL E. MORAVITS

Mailing Address 239 MARTIN STREET

City

UVALDE

State

TX

Zip Code

78801-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106589

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SIEDEL E. MORAVITS

Mailing Address 239 MARTIN STREET

City

UVALDE

State

TX

Zip Code

78801-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13119352

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. SIEDEL E. MORAVITS

Mailing Address 239 MARTIN STREET

City

UVALDE

State

TX

Zip Code

78801-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13129927

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GLEN A. MORGAN

Mailing Address 3515 SE 17TH ST
100

City State Zip Code
OCALA FL 34471-5586

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 23 2009

Transaction ID: SA11.13115615

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. J MORGAN

Mailing Address 4440 W 95TH ST DEPT RADIOLOGY

City State Zip Code
OAK LAWN IL 60453-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 10 2009

Transaction ID: SA11.13102104

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PATRICK L. MORGAN

Mailing Address 1932 ALCOA HWY # 150

City State Zip Code
KNOXVILLE TN 37920-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 10 2009

Transaction ID: SA11.13102132

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TRIPP MORGAN

Mailing Address 2402 OSLER CT

City

ALBANY

State

GA

Zip Code

31707-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALBANY VASCULAR SPECIALIST
CENTER

Occupation

VASCULAR SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123646

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DONALD MORIN

Mailing Address 14211 16TH ST E. #8

City

SUMNER

State

WA

Zip Code

98390-9608

FEC ID number of contributing
federal political committee.

C

Name of Employer
DMI DRILLING CONSTRUCTION

Occupation

DRILLING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125368

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BARBARA J. MORLAN

Mailing Address 255 W BULLARD AVE
STE 109

City

CLOVIS

State

CA

Zip Code

93612-0861

FEC ID number of contributing
federal political committee.

C

Name of Employer
BULLARD MEDICAL GROUP, IN-
C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109922

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD E. MORRISON

Mailing Address 425 GOLF VIEW DR

City

JACKSON

State

AL

Zip Code

36545-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 9

Transaction ID: SA11.13097989

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT MORRIS

Mailing Address 1450 MALLORY LN

City

RENO

State

NV

Zip Code

89511-5444

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN ROOFING SYSTEM

Occupation
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111317

Amount of Each Receipt this Period

275.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WENDELL MORRIS

Mailing Address 212 PETUNIA DR

City

FLOWER MOUND

State

TX

Zip Code

75028-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105496

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WENDELL MORRIS

Mailing Address 212 PETUNIA DR

City

FLOWER MOUND

State

TX

Zip Code

75028-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11.13107083

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WENDELL MORRIS

Mailing Address 212 PETUNIA DR

City

FLOWER MOUND

State

TX

Zip Code

75028-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13117386

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL D. MOSESON

Mailing Address 60 CUTTERMILL RD # 507

City

GREAT NECK

State

NY

Zip Code

11021-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13096675

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID E. MOSS

Mailing Address 4721 SPRINGBROOK DR

City

ANNANDALE

State

VA

Zip Code

22003-3934

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBM

Occupation

SYSTEMS ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127286

Amount of Each Receipt this Period

130.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LOUIS MOTHON

Mailing Address 10 SUGAR PINE LANE

City

METHUEN

State

MA

Zip Code

01844-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13103883

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRED L. MOTTER, JR.

Mailing Address 798 SPRING LN

City

YORK

State

PA

Zip Code

17403-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099196

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS E. MROZ

Mailing Address 9500 EUCLID AVE
80

City State Zip Code
CLEVELAND OH 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC

Occupation
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120672

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN N. MUBANG

Mailing Address 741 W DR MARTIN LUTHER KING JR

City State Zip Code
SEFFNER FL 33584-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INTERNAL MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096991

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN N. MUBANG

Mailing Address 741 W DR MARTIN LUTHER KING JR

City State Zip Code
SEFFNER FL 33584-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INTERNAL MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104877

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. MUIR, JR.

Mailing Address 1600 LEHIGH PKWY E
APARTMENT 5L

City State Zip Code
ALLENTOWN PA 18103-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13114161

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT A. MULLENBROCK

Mailing Address 104 BROOKSBY VILLAGE DR.
APT 606

City State Zip Code
PEABODY MA 01960-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124834

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY N. MULLINIX

Mailing Address 19129 HOLBERTON LANE

City State Zip Code
BROKEVILLE MD 20833-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13110278

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. MUNTZINGER

Mailing Address 11530 HOGHE ROAD

City

VAN WERT

State

OH

Zip Code

45891-9225

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099394

Amount of Each Receipt this Period

65.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JIM L. MURDY

Mailing Address 1416 BEECHWOOD BLVD.

City

PITTSBURGH

State

PA

Zip Code

15217-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124983

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARK MURRAY

Mailing Address 649 CAMBRIDGE SE

City

GRAND RAPIDS

State

MI

Zip Code

49506-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MEIJER

Occupation
 C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125954

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1315.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BETTY MUSSELWHITE

Mailing Address 23100 CLAYMAN VALLEY RD

City

BRISTOL

State

VA

Zip Code

24202-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSSELWHITE DRUM SERVICE

Occupation
CO-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108424

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID J. NAGEL

Mailing Address 264 PLEASANT ST

City

CONCORD

State

NH

Zip Code

03301-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104880

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL H. NAGOSHI

Mailing Address 321 N KUAKINI ST
201

City

HONOLULU

State

HI

Zip Code

96817-2399

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095669

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. AGNES V. NALL

Mailing Address 1945 LINCOLN DR

City

SARASOTA

State

FL

Zip Code

34236-9115

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAR NOSE AND THROAT ASSOC-
IATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098454

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. K NANDALUR

Mailing Address 2801 W KINNICKINNIC RIVER PKWY
SUITE 730

City

MILWAUKEE

State

WI

Zip Code

53215-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107410

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BRENDA NARCELLES

Mailing Address 15300 WEST AVE.
STE. 203

City

ORLAND PARK

State

IL

Zip Code

60462-4683

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099748

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DAVID NASCA

Mailing Address 481 GEORGIA CT

City

CLAREMONT

State

CA

Zip Code

91711-5114

FEC ID number of contributing
federal political committee.

C

Name of Employer
PVCH CLINICAL LABORATORY
MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112804

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MISS KATHERINE W. NASH

Mailing Address 2290 SALISBURY DR

City

SAN DIEGO

State

CA

Zip Code

92123-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13105213

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. USHARANI NATARAJAN

Mailing Address 8 SADDLE RD STE 203

City

CEDAR KNOLLS

State

NJ

Zip Code

07927-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFECTIOUS DISEASES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122311

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GERALD T. NEEDHAM

Mailing Address 1305 S FORT HARRISON AVE
BUILDING HCity State Zip Code
CLEARWATER FL 33756-3301FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
NEPHROLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098462

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ANDREW NELSON

Mailing Address 9103 JEFFERSON HIGHWAY

City State Zip Code
BATON ROUGE LA 70809-2440FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123707

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. FRANCES B. NELSON

Mailing Address 60-31ST AVE

City State Zip Code
SAN MATEO CA 94403-3404FEC ID number of contributing
federal political committee.**C**Name of Employer
BOHANNAR DEVELOPMENT CO.Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13100980

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN H. NELSON

Mailing Address 1603 RYDER CUP DR

32110 AGORA WEST LAKE VILLAGE, CA

City

WESTLAKE VILLAGE

State

CA

Zip Code

91362-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13134792

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LAUREN E. NELSON

Mailing Address 403 N. SUNSET BLVD.

City

GULF BREEZE

State

FL

Zip Code

32561-4059

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102451

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARIETTA NELSON

Mailing Address 2800 N TENAYA WAY STE 102

City

LAS VEGAS

State

NV

Zip Code

89128-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100487

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5530.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COL. ROBERT D. NESBITT

Mailing Address 1189 STONEHEATH MEWS

City

MARIETTA

State

GA

Zip Code

30068-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123787

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARY HELEN NEUENDORFER

Mailing Address 1400 WAVERLY ROAD
APT. A110

City

GLADWYNE

State

PA

Zip Code

19035-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13101198

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MONTY NEWMAN

Mailing Address PO BOX 1122

City

HOBBS

State

NM

Zip Code

88241-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEWMAN AND CO. REALTORSOccupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13095991

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MAXINE A. NEWSTEAD

Mailing Address 37684 N LAUREL PARK DR

City

LIVONIA

State

MI

Zip Code

48152-2663

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124907

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MIKE NEWTON

Mailing Address P.O. BOX 190

City

HIGHMORE

State

SD

Zip Code

57345-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124241

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NGO NGO

Mailing Address 5815 88TH CRES N

City

MINNEAPOLIS

State

MN

Zip Code

55443-3980

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117400

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANDREW NGUYEN

Mailing Address P.O. BOX 1219

City

NEWBERRY

State

FL

Zip Code

32669-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127037

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TOM NGUYEN

Mailing Address 4607 BUFORD DR

City

CHAMBLEE

State

GA

Zip Code

30341-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHAMBLEE VISION CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094085

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ABDOLHAKIM NIAZI-SAI

Mailing Address 208 HALL STREET

City

WADESBORO

State

NC

Zip Code

28170-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100554

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA E. NICHOLS

Mailing Address P.O. BOX 3031

City

POCASSET

State

MA

Zip Code

02559-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer
NICHOLS TRUCKING CO., INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124982

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHERIE S. NILES

Mailing Address 1111 MEDICAL CENTER BLVD
N302

City

MARRERO

State

LA

Zip Code

70072-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer
DR. CHERIE S. NILES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095634

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PETER R. NOBILE, JR.

Mailing Address 31 RANDLETT PARK

City

NEWTON

State

MA

Zip Code

02465-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
PETER A WOLVILE DIST

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106132

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. KATHRYN P. NOBLE

Mailing Address 2809 LYMINGTON ROAD

City

COLUMBUS

State

OH

Zip Code

43220-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.13110184

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. R. J. NOBLE

Mailing Address 10590 N MERIDIAN ST

City

INDIANAPOLIS

State

IN

Zip Code

46290-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
V CARE GROUP

Occupation
CARDIOVASCULAR DISEASE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: SA11.13098377

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SUSAN M. NOEGEL

Mailing Address 4747 COUNTY D

City

WEST BEND

State

WI

Zip Code

53090-9357

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2009

Transaction ID: SA11.13124840

Amount of Each Receipt this Period

450.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. AGNES F. NOLAN

Mailing Address 271 CENTRAL PARK W.

City

NEW YORK

State

NY

Zip Code

10024-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11.13113263

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ALAN NOLASCO

Mailing Address 3400 BISSONNET ST 165

City

HOUSTON

State

TX

Zip Code

77005-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098324

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS DONNA M. NOLL

Mailing Address 1905 CORTA BELLA DRIVE

City

LAS VEGAS

State

NV

Zip Code

89134-6145

FEC ID number of contributing
federal political committee.

C

Name of Employer
REALTY ONE GROUP

Occupation

REAL ESTATE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13097447

Amount of Each Receipt this Period

350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

M SGT CHRISTOPHER L. NORFOLK

Mailing Address P.O. BOX 5298

City

ALBUQUERQUE

State

NM

Zip Code

87185-5298

FEC ID number of contributing
federal political committee.

C

Name of Employer
WSI

Occupation
PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118525

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ANN L. NORQUIST

Mailing Address 1335 3RD AVE APT 307
APARTMENT 307

City

LONGVIEW

State

WA

Zip Code

98632-6002

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107548

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BRUCE E. NORTHRUP

Mailing Address 317 HATHAWAY LN

City

WYNNEWOOD

State

PA

Zip Code

19096-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098334

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. GERALD K NORTHROP

Mailing Address 1101 BUCKSKIN RD

City State Zip Code
EVANSVILLE WY 82636-9778

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHROP BOILER WORKS

Occupation
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120788

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. ARNOLD NOTHNAGEL

Mailing Address 4991 TULIP DR

City State Zip Code
AKRON OH 44333-8350

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130703

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PHILIP R. NOTHNAGLE

Mailing Address 1507 MONROE AVE

City State Zip Code
ROCHESTER NY 14618-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
REALTOR

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120748

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA NOVICK

Mailing Address 955 SOUNDVIEW DRIVE

City

MAMARONECK

State

NY

Zip Code

10543-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACKROCK

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113268

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CHRISITINA NOWACKI

Mailing Address 336 E 30TH ST
APT. 2B

City

NEW YORK

State

NY

Zip Code

10016-8330

FEC ID number of contributing
federal political committee.

C

Name of Employer
N S LABORATORIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124992

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WENDELL NOYES, JR.

Mailing Address 224 STRATFORD LANE

City

ENTERPRISE

State

AL

Zip Code

36330-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096750

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOE L. NUNNALLY

Mailing Address 1091 SIMS DRIVE

City

ATHENS

State

GA

Zip Code

30606-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099097

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOE L. NUNNALLY

Mailing Address 1091 SIMS DRIVE

City

ATHENS

State

GA

Zip Code

30606-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106631

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GENE NUSSER

Mailing Address 210 1/2 E 6TH AVE

City

S HUTCHINSON

State

KS

Zip Code

67505-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUTOMATION ENGINEERING

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095973

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ZOE DELL NUTTER

Mailing Address 986 TREBEIN ROAD

City

XENIA

State

OH

Zip Code

45385-9534

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125948

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KEVIN O'BRIEN

Mailing Address 100 OMNI DR STE A

City

SENECA

State

SC

Zip Code

29672-9448

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109958

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. A.J. O'BYRNE

Mailing Address 1717 OAK PARK BLVD
SUITE 1

City

LAKE CHARLES

State

LA

Zip Code

70601-8977

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096724

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANN O'CONNOR

Mailing Address 5166 E GLENN ST

City

TUCSON

State

AZ

Zip Code

85712-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SURGERY - GENERAL

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120729

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES O'MALLEY

Mailing Address 1729 BURRSTONE RD

City

NEW HARTFORD

State

NY

Zip Code

13413-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095675

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JACK OAKES

Mailing Address P.O. BOX 13234

City

LAS VEGAS

State

NV

Zip Code

89112-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106063

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACK OAKES

Mailing Address P.O. BOX 13234

City

LAS VEGAS

State

NV

Zip Code

89112-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111040

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MISS BEVERLY OASHGAR

Mailing Address 306 N SEGOE RD
UNIT 303

City

MADISON

State

WI

Zip Code

53705-4947

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110011

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BURNELL J. OATES

Mailing Address 806 JULLIARD COURT

City

ORLANDO

State

FL

Zip Code

32828-8672

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117239

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BLVD

City

SHREVEPORT

State

LA

Zip Code

71106-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13114805

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BLVD

City

SHREVEPORT

State

LA

Zip Code

71106-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13114812

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BLVD

City

SHREVEPORT

State

LA

Zip Code

71106-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126410

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KURT OELERICH

Mailing Address 1317 SUNVIEW LANE

City

WINNETKA

State

IL

Zip Code

60093-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119918

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOAN OESTERLE

Mailing Address 1642 E ENTRADA TERCERA

City

TUCSON

State

AZ

Zip Code

85718-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099720

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GERALD G. OKERSON

Mailing Address 5602 HEREFORD CT.

City

ALEXANDRIA

State

VA

Zip Code

22315-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097002

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JONATHAN P. OKUN

Mailing Address 367 RAHWAY RD

City

EDISON

State

NJ

Zip Code

08820-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105458

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD OLAUGHLIN

Mailing Address 45 CYPRESS LN

City

WEST CREEK

State

NJ

Zip Code

08092-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107419

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STUART G. OLES

Mailing Address 22715 SE 43RD CT

City

ISSAQUAH

State

WA

Zip Code

98029-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13118151

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY S. OLIVER

Mailing Address P.O. BOX 213

City

RED OAK

State

TX

Zip Code

75154-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111320

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. S. MARK OLMSTEAD

Mailing Address 7150 N PRESIDENT GEORGE BUSH H
STE 204

City

GARLAND

State

TX

Zip Code

75044-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLERGY, ASTHMA AND IMMUN-
OLOGY ASSOCIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099697

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MILTON R. OLSON

Mailing Address 32 LITTLEHALES CT

City

DICKINSON

State

ND

Zip Code

58601-7902

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125130

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. R. OLSON

Mailing Address 6306 HUNTOVER LANE

City

NORTH BETHESDA

State

MD

Zip Code

20852-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
OARI

Occupation

PUBLISHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13124906

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROLLANCE E. OLSON

Mailing Address 2147 DALE AVE., SE

City

ROANOKE

State

VA

Zip Code

24013-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARTS DEPOT, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Transaction ID: SA11.13114644

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GUY R. ORANGIO

Mailing Address 5555 PEACHTREE DUNWOODY ROAD
206

City

ATLANTA

State

GA

Zip Code

30342-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13115620

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH ORGAN

Mailing Address 1213 PARK AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYER BROWN

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134650

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JUDITH ORIE

Mailing Address 490 E NORTH AVE
400

City

PITTSBURGH

State

PA

Zip Code

15212-4740

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13144025

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

MARIE ORIOLI

Mailing Address 6320 MAIN BAYVIEW ROAD

City

SOUTHOLD

State

NY

Zip Code

11971-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100311

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. LINDA S. ORRO

Mailing Address 9065 ELIZABETH LAKE ROAD

City

LEONA VALLEY

State

CA

Zip Code

93551-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEEKER, ORRO, & MINDEL-
DENTAL CORPORA

Occupation

C.F.O. AND ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099991

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FLORENTINO ORTIZ

Mailing Address 33971 CALLE BORREGO

City

SAN JUAN CAPISTRAN

State

CA

Zip Code

92675-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer
C & T MACHINE WORK INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110020

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARYGINA ORTIZ

Mailing Address 188 STEADWELL RD

City

AMSTERDAM

State

NY

Zip Code

12010-7507

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119602

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NILDA ORZAME

Mailing Address 3881 N M 140

City

WATERVLIET

State

MI

Zip Code

49098-9311

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099969

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JUDY G. OSBORNE

Mailing Address 15818 N POINT RD

City

HUNTERSVILLE

State

NC

Zip Code

28078-9392

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122606

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROD J. OSKOUIAN

Mailing Address 500 17TH AVE

City

SEATTLE

State

WA

Zip Code

98122-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123675

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD C. OSTRUP

Mailing Address 2100 5TH AVE STE 200

City

SAN DIEGO

State

CA

Zip Code

92101-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEUROSURGICAL MEDICAL CLINIC, INC.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123680

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TESSIE OTERO-TRUITT

Mailing Address 2232 WILBORN AVE
B

City

SOUTH BOSTON

State

VA

Zip Code

24592-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099684

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JUDITH OTTER

Mailing Address 7270 HILLSIDE AVE

City

LOS ANGELES

State

CA

Zip Code

90046-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098488

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARK D. OXMAN

Mailing Address 7231 SHULL RD

City

DAYTON

State

OH

Zip Code

45424-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105467

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KEVIN A. PACE

Mailing Address 1725 PINE ST

City

MONTGOMERY

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100491

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PHILIP K. PACKER

Mailing Address 2900 WESLAYAN
SUITE 375

City

HOUSTON

State

TX

Zip Code

77027-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALE-MILLS CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER/VICE PRESIDENT

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133577

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DARIUS A. PADUCH

Mailing Address 525 E 68TH ST

City

NEW YORK

State

NY

Zip Code

10065-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099685

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ANNETTA C. PAGE

Mailing Address 800 WOODLANE ST

City

PARAGOULD

State

AR

Zip Code

72450-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101715

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CHARLES W. PAGE

Mailing Address 1303 RAGUET STREET

City

NACOGDOCHES

State

TX

Zip Code

75961-4249

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100552

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. E. A. PALANIAPPAN

Mailing Address 12028 RADIUM ST

City

SAN ANTONIO

State

TX

Zip Code

78216-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMPEC

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124856

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FREDRICK D. PALMER

Mailing Address 27 FAIR OAKS DRIVE

City

SAINT LOUIS

State

MO

Zip Code

63124-1563

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEABODY ENERGY

Occupation
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13108764

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT E. PALMER

Mailing Address 7952 HUNTERS BEND COVE

City

OLIVE BRANCH

State

MS

Zip Code

38654-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108194

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 541 / 1070
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PAT PALUMBO

Mailing Address 10905 FORT WASHINGTON RD
214

City	State	Zip Code
FORT WASHINGTON	MD	20744-5840

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
SURGERY - GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: SA11.13091530

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BERNARD R. PALUS

Mailing Address 10 DUFF RD SUITE 103

City	State	Zip Code
PITTSBURGH	PA	15235-3261

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13115628

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. K NICHOLAS PANDELIDIS

Mailing Address 1855 POWDER MILL ROAD

City	State	Zip Code
YORK	PA	17402-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13096979

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANTHONY N. PANNOZZO

Mailing Address 16244 S MILITARY TRAIL
#740

City State Zip Code
DELRAY BEACH FL 33484-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130027

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GREGORY J. PANZO

Mailing Address 17560 US HIGHWAY 441

City State Zip Code
MOUNT DORA FL 32757-6711

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111099

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JIMMY PAPPAS

Mailing Address 7609 CORTLANDT PL

City State Zip Code
NORFOLK VA 23505-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERGRAPH CORP

Occupation

BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110015

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KENNY PARCELL

Mailing Address 648 NORTH 900 EAST #9

City

SPANISH FORK

State

UT

Zip Code

84660-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer
RE/MAX RESULTS

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098602

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN PAREDES

Mailing Address 337 BLOOMFIELD AVE #1

City

NEWARK

State

NJ

Zip Code

07107-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111161

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GUY K. L. PARIS

Mailing Address 11 DRIFTWOOD ROAD

City

MARBLEHEAD

State

MA

Zip Code

01945-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASS. HUMAN RESOURCES DIV.

Occupation
PERSONNEL SELECTION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097179

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GUY K. L. PARIS

Mailing Address 11 DRIFTWOOD ROAD

City

MARBLEHEAD

State

MA

Zip Code

01945-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASS. HUMAN RESOURCES DIV.

Occupation

PERSONNEL SELECTION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13129995

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID H. PARK

Mailing Address 2950 CURVE CREST BLVD W

City

STILLWATER

State

MN

Zip Code

55082-5085

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112730

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PETER PARKARD

Mailing Address 720 SEABURY RD

City

HILLSBOROUGH

State

CA

Zip Code

94010-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111861

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. KENNETH PARKER

Mailing Address 3805 CHEROKEE ST NW

City

KENNESAW

State

GA

Zip Code

30144-2085

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099683

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

J PARKS

Mailing Address 833 SAINT VINCENTS DR
STE 300

City

BIRMINGHAM

State

AL

Zip Code

35205-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102194

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LLOYD M. PARRISH

Mailing Address 2045 TIBBETTS DR

City

LONGVIEW

State

WA

Zip Code

98632-4288

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONGVIEW FIBRE CO.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

MILL WORKER

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111670

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LLOYD M. PARRISH

Mailing Address 2045 TIBBETTS DR

City

LONGVIEW

State

WA

Zip Code

98632-4288

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONGVIEW FIBRE CO.

Occupation

MILL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127685

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DONALD B. PARSONS

Mailing Address 322 W 55TH ST.
APT 4B

City

NEW YORK

State

NY

Zip Code

10019-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115383

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

KIM T. PARSON

Mailing Address 3407 GALLATIN DR

City

BISMARCK

State

ND

Zip Code

58504-8994

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

LANDMAN, OIL & GAS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125559

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT PASCOE

Mailing Address 1557 OAK ST

City

OAKMONT

State

PA

Zip Code

15139-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE FARM INSUR.

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120760

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HONESTO C. PASCUAL

Mailing Address 1820 FULLERTON AVE
340

City

CORONA

State

CA

Zip Code

92881-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13147113

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

DR. PALMO PASQUARIELLO

Mailing Address 1559 YORK AVE

City

NEW YORK

State

NY

Zip Code

10028-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120669

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANIL G. PATEL

Mailing Address 1184 LAKE AVE

City

ASHTABULA

State

OH

Zip Code

44004-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099689

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HIREN PATEL

Mailing Address 555 S 7TH AVE

City

BARSTOW

State

CA

Zip Code

92311-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124748

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. NATVERLAN M. PATEL

Mailing Address 2019 NELSON AVE # B

City

REDONDO BEACH

State

CA

Zip Code

90278-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
AXA

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111180

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. NATVERLAN M. PATEL

Mailing Address 2019 NELSON AVE # B

City

REDONDO BEACH

State

CA

Zip Code

90278-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
AXA

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115368

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. NATVERLAN M. PATEL

Mailing Address 2019 NELSON AVE # B

City

REDONDO BEACH

State

CA

Zip Code

90278-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
AXA

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121199

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD A. PATRICK

Mailing Address 1202 N PACIFIC ST
UNIT A402

City

OCEANSIDE

State

CA

Zip Code

92054-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
PATRICK ASSOCIATES

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124942

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JEFFREY E. PAUL

Mailing Address 1443 CEDAR LN

City

BOWLING GREEN

State

OH

Zip Code

43402-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127629

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WAYNE PAULLUS, JR.

Mailing Address 11 MEDICAL DR

City

AMARILLO

State

TX

Zip Code

79106-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123699

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RANDY PAYNE

Mailing Address 445 JANAN CT

City

CONWAY

State

AR

Zip Code

72034-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHWESTERN ENERGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

GAS & OIL

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122509

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WAYNE F. PAYNE

Mailing Address 1619 N GREENWOOD ST. STE. 102

City

PUEBLO

State

CO

Zip Code

81003-2655

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
SURGEON

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100569

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JONATHON C. PEABODY

Mailing Address 76 CAMPMEETING ROAD

City

TOPSFIELD

State

MA

Zip Code

01983-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127185

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOE PEARCE

Mailing Address 3001 BLUFFVIEW DR.

City

GARLAND

State

TX

Zip Code

75043-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INSURANCE AGENT

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118542

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. OPAL PEARSON

Mailing Address 15190 AMARAL RD

City

CASTROVILLE

State

CA

Zip Code

95012-9721

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108148

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. OPAL PEARSON

Mailing Address 15190 AMARAL RD

City

CASTROVILLE

State

CA

Zip Code

95012-9721

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126389

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ARLEEN A. PECK

Mailing Address 2002 WILLOW POND DR

City

RIVERHEAD

State

NY

Zip Code

11901-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096181

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ARLEEN A. PECK

Mailing Address 2002 WILLOW POND DR

City

RIVERHEAD

State

NY

Zip Code

11901-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097054

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN PECK

Mailing Address PO BOX 829

City

RANCHO SANTA FE

State

CA

Zip Code

92067-0829

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124805

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WACLAW PELC

Mailing Address 650 15TH AVE. SOUTH

City

NAPLES

State

FL

Zip Code

34102-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer
PELCONCEPTS, INC

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134073

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1635.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH A. PELKEY

Mailing Address 75-389 HOENE STREET

City

KAILUA KONA

State

HI

Zip Code

96740-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13130175

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN A. PELLEGRINO

Mailing Address 1300 SHERIDAN STREET SUITE 1

City

WILLIAMSPORT

State

PA

Zip Code

17701-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Transaction ID: SA11.13096327

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL PELTZMAN

Mailing Address 986 WOLVER HOLLOW RD

City

OYSTER BAY

State

NY

Zip Code

11771-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13112796

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER PENCE

Mailing Address 453 S COLLEGE ST

City

METTER

State

GA

Zip Code

30439-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096673

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAWN W. PENNEBAKER

Mailing Address 312 GRAMMONT STREET
SUTIE 300

City

MONROE

State

LA

Zip Code

71201-7403

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100544

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LARRY PENNEY

Mailing Address

City

COEUR D ALENE

State

ID

Zip Code

83814

FEC ID number of contributing
federal political committee.

C

Name of Employer
HLFW

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123744

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARINA I. PEREDO

Mailing Address 260 E MAIN ST STE 208

City

SMITHTOWN

State

NY

Zip Code

11787-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123619

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN M. PERIC

Mailing Address 201 S BUENA VISTA ST
STE 300

City

BURBANK

State

CA

Zip Code

91505-4570

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120724

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CLAY PERKINS

Mailing Address POST OFFICE BOX 675696

City

RANCHO SANTA FE

State

CA

Zip Code

92067-5696

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125938

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDWIN R. PERKINS

Mailing Address 358 E TRAILSIDE DR

City

EAGLE

State

ID

Zip Code

83616-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124929

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWIN R. PERKINS

Mailing Address 358 E TRAILSIDE DR

City

EAGLE

State

ID

Zip Code

83616-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125326

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRUCE S. PERLO

Mailing Address PO BOX 907

City

FRANCONIA

State

NH

Zip Code

03580-0907

FEC ID number of contributing
federal political committee.

C

Name of Employer
B.M.S.I.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095653

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. PERRICONE

Mailing Address 18 OLD COURSE DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4276

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERRICONE INVESTMENTS

Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094816

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ADDIE M. PERRY

Mailing Address 865 OLD DALTON ROAD NE

City

ROME

State

GA

Zip Code

30165-9096

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107932

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ADDIE M. PERRY

Mailing Address 865 OLD DALTON ROAD NE

City

ROME

State

GA

Zip Code

30165-9096

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117416

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. HELEN L. PETERSON

Mailing Address 509 MISSOURI ST.

City

SAN FRANCISCO

State

CA

Zip Code

94107-2836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107766

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. HELEN L. PETERSON

Mailing Address 509 MISSOURI ST.

City

SAN FRANCISCO

State

CA

Zip Code

94107-2836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123878

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NOEL PETERSON

Mailing Address 2090 W ARLINGTON BLVD B

City

GREENVILLE

State

NC

Zip Code

27834-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGIONAL CARDIOLOGY CONSU-
LTANTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130690

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PETER PETERSEN

Mailing Address 5518 E. LINDSTROM LANE
UNIT 1041

City State Zip Code
MESA AZ 85215-1961

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098359

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PHILLIP S. PETERSON

Mailing Address 11198 NE 8TH AVE

City State Zip Code
BISCAYNE PARK FL 33161-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127294

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROGER PETERSON

Mailing Address 25619 750TH AVENUE

City State Zip Code
CLARKS GROVE MN 56016-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128656

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANN PEVETO

Mailing Address 2300 RIDGEWOOD

City

TYLER

State

TX

Zip Code

75701-5912

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
LANDMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13125261

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PAM PFEFFER

Mailing Address 836 TREEMONT COURT

City

NASHVILLE

State

TN

Zip Code

37220-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11.13113293

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MITCHELL PFEIFFER

Mailing Address 11590 N MERIDIAN ST #400

City

CARMEL

State

IN

Zip Code

46032-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123623

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. CHUCK PHELPS

Mailing Address **4303 SIERRA DR**

City State Zip Code
DENISON TX 75020-0605

FEC ID number of contributing
federal political committee.

C

Name of Employer
**SHERMAN RADIOLOGY ASSOCIA-
 TES**

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 28 / 2009

Transaction ID: SA11.13127029

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ANGELA R. PHILLIPS-DESKINS

Mailing Address **1280 E. 4TH STREET**

City State Zip Code
FRANKLIN OH 45005-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDDLETOWN TUBE WORKS

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

09 / 08 / 2009

Transaction ID: SA11.13104983

Amount of Each Receipt this Period

12000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES W. PHILLIPS

Mailing Address **6122 WHITE ROSE TRL**

City State Zip Code
DALLAS TX 75248-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2009

Transaction ID: SA11.13102444

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES W. PHILLIPS

Mailing Address 6122 WHITE ROSE TRL

City

DALLAS

State

TX

Zip Code

75248-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118730

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ELISE PICKERING

Mailing Address 2504 VALLEY DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEHLMAN VOGEL CASTAGNETTI

Occupation
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134707

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOEL C. PIERCY

Mailing Address 228 SHENANDOAH DR

City

JOHNSON CITY

State

TN

Zip Code

37601-5460

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101791

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. FRANK J. PIKUL

Mailing Address 100 E LE FEVRE RD

City

STERLING

State

IL

Zip Code

61081-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123676

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LUIS F. PINEDA

Mailing Address 1909 LAUREL RD

City

BIRMINGHAM

State

AL

Zip Code

35216-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123654

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CASIMIR PINKOWSKI

Mailing Address 24401 BARBADOS DRIVE

City

DANA POINT

State

CA

Zip Code

92629-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALTERA REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REAL ESTATE BROKER

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096757

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. YELENA PINZUR

Mailing Address 1010 CARONDELET DRIVE
SUITE220

City State Zip Code
KANSAS CITY MO 64114-4822

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100567

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. VINCENT J. PISCOTTA

Mailing Address 963 RIVERVIEW DR

City State Zip Code
BILOXI MS 39532-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095126

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANN B. PITTS

Mailing Address 111 MOORELAND DRIVE

City State Zip Code
HOPKINSVILLE KY 42240-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118808

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID A. PIZZO

Mailing Address 4332 SHADY HILL LANE

City

LANSING

State

MI

Zip Code

48917-1660

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111894

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM G. PLATTOS

Mailing Address 3733 CALLE CASINO

City

SAN CLEMENTE

State

CA

Zip Code

92673-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST TEAM REAL ESTATE

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095562

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WARREN F. PLUNKETT

Mailing Address P.O. BOX 463

City

AUSTIN

State

MN

Zip Code

55912-0463

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101358

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL L. POCHOP

Mailing Address 621 W FRANCIS ST

City

NORTH PLATTE

State

NE

Zip Code

69101-0608

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120671

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. POINDEXTER

Mailing Address 1510 PIONEER DR

City

MELBOURNE

State

FL

Zip Code

32940-6736

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120198

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. POINDEXTER

Mailing Address 1510 PIONEER DR

City

MELBOURNE

State

FL

Zip Code

32940-6736

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120345

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANGEL B. POLIMENI, MD

Mailing Address 220 WESTCHESTER AVE.
STE. 1

City State Zip Code
PORT CHESTER NY 10573-4558

FEC ID number of contributing
federal political committee.

C

Name of Employer
POLIMENI INC.

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111158

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES S. POLK

Mailing Address 1980 EDSON DRIVE

City State Zip Code
BEAUMONT TX 77706-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123345

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARTIN PONTECORVO

Mailing Address 1072 VALLEY RD

City State Zip Code
STIRLING NJ 07980-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094121

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JUDITH R. PORT

Mailing Address 2734 W. PLUM HOLLOW DRIVE

City

ANTHEM

State

AZ

Zip Code

85086-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13103018

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LILLIAN PORTER

Mailing Address 2108 BEECHWOOD STREET

City

LITTLE ROCK

State

AR

Zip Code

72207-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111921

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT H. POTTS, JR.

Mailing Address P.O. BOX 5298

City

DILLON

State

CO

Zip Code

80435-5298

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
EMERGENCY PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100574

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES J. POWELL

Mailing Address 3622 BRISTOL HIGHWAY
SUITE 1

City State Zip Code
JOHNSON CITY TN 37601-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
POWELL CONSTRUCTION COMPA-
NY

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13113283

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RALPH H. POWELL

Mailing Address 1930 W. SAN MARCOS BLVD.
SPACE 412

City State Zip Code
SAN MARCOS CA 92078-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128797

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ELLEN C. POWERS

Mailing Address 707S. 67TH ST

City State Zip Code
OMAHA NE 68106-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101704

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN C. PRATT

Mailing Address 770 HILDEEN DRIVE

City

LEXINGTON

State

KY

Zip Code

40502-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108597

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH A. PRATT

Mailing Address 219 W. WAKEFIELD BLVD.

City

WINSTED

State

CT

Zip Code

06098-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120244

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEPHEN PRATT

Mailing Address 9850 GENESEE AVE STE 310

City

LA JOLLA

State

CA

Zip Code

92037-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127033

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD PRESTON

Mailing Address **1684 GA HIGHWAY 355**

City State Zip Code
BUENA VISTA GA 31803-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 08 / 2009

Transaction ID: SA11.13101479

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. TOBY PRICE

Mailing Address **1703 TEA PL**

City State Zip Code
DAVIS CA 95618-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 08 / 2009

Transaction ID: SA11.13100673

Amount of Each Receipt this Period

26.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TOBY PRICE

Mailing Address **1703 TEA PL**

City State Zip Code
DAVIS CA 95618-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 22 / 2009

Transaction ID: SA11.13118480

Amount of Each Receipt this Period

21.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

147.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID M. PRICHARD

Mailing Address 10101 REUNION PLACE
SUITE 600

City State Zip Code
SAN ANTONIO TX 78216-4162

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRICHARD HAWKINS MCFARLAND
& YOUNG

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113277

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MELVIN M. PROPIS

Mailing Address 333 NW 70TH AVE
201

City State Zip Code
PLANTATION FL 33317-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111102

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. PRUITT

Mailing Address 767 BROOKVIEW DR.

City State Zip Code
GREENWOOD IN 46142-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112114

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CARMELO PUCCIO

Mailing Address 19 BRADHURST AVE
SUITE 2100

City State Zip Code
HAWTHORNE NY 10532-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112802

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GEORGE PULKKINEN

Mailing Address 15 OCEAN VIEW ROAD

City State Zip Code
SCARBOROUGH ME 04074-9241

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125665

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PAULA PULLINS

Mailing Address 9381 SNAPPTOWN RD

City State Zip Code
QUINCY OH 43343-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer
PULLINS DRAINAGE AND FARMS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119596

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LEIGH ANN PUSEY

Mailing Address 2101 L STREET, NW
SUITE 400

City State Zip Code
WASHINGTON DC 20037-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN INSURANCE ASSOCI-
ATION

Occupation
PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2009

Transaction ID: SA11.13104990

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN PUSKAS

Mailing Address 854 CARLTON RIDGE

City State Zip Code
ATLANTA GA 30342-4340

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY HEALTHCARE

Occupation
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2009

Transaction ID: SA11.13105349

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARVIN M. QUAID

Mailing Address 15 PINEHILL WAY

City State Zip Code
MONTEREY CA 93940-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2009

Transaction ID: SA11.13102994

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARVIN M. QUAID

Mailing Address 15 PINEHILL WAY

City

MONTEREY

State

CA

Zip Code

93940-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111862

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARVIN M. QUAID

Mailing Address 15 PINEHILL WAY

City

MONTEREY

State

CA

Zip Code

93940-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128815

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN QUALSET

Mailing Address 478 FLORAL WAY

City

ROHNERT PARK

State

CA

Zip Code

94928-5713

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117135

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT QUARLES

Mailing Address 1504 SANTA ROSA RD
SUITE 103

City State Zip Code
RICHMOND VA 23229-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099686

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LEON Y. QUE

Mailing Address 6959 S PULASKI RD #A

City State Zip Code
CHICAGO IL 60629-4238

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123661

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ALLEN I. QUESTROM

Mailing Address 16 TURTLE CREEK BND UNIT A

City State Zip Code
DALLAS TX 75204-7845

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113774

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LINDA A. QUINN

Mailing Address 8075 GATE PKWY W STE 101

City

JACKSONVILLE

State

FL

Zip Code

32216-3685

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096672

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. AADAM QURAISHI

Mailing Address 1200 S COL ROWE BLVD
SUITE 12 B

City

MCALLEN

State

TX

Zip Code

78501-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124752

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MAEEM A. QURESHI

Mailing Address 4503 W DEYOUNG ST STE C-103

City

MARION

State

IL

Zip Code

62959-0030

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123672

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARTIN I. RADWIN

Mailing Address 3725 W 4100 S

City

WEST VALLEY

State

UT

Zip Code

84120-5530

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRANGER MEDICAL CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099680

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PATRICK J. RAFFANIELLO

Mailing Address 1161 OLD GATE COURT

City

MC LEAN

State

VA

Zip Code

22102-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAFFANIELLO AND ASSOCIATES

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107211

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LEAH RAGUINDIN

Mailing Address 146 HERRICK AVE

City

TEANECK

State

NJ

Zip Code

07666-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094110

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FREDERICK W. RAHR

Mailing Address 8301 W. 110TH STREET

City

BLOOMINGTON

State

MN

Zip Code

55438-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116177

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JIM RAINEY

Mailing Address P.O. BOX 461

City

ADVANCE

State

MO

Zip Code

63730-0461

FEC ID number of contributing
federal political committee.

C

Name of Employer
BANK OF ADVANCE

Occupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109989

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CLAIRE RAINS

Mailing Address 420 41ST AVENUE

City

SAN FRANCISCO

State

CA

Zip Code

94121-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123135

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRED RALEY

Mailing Address 9331 CORPORATE DRIVE

City

SELMA

State

TX

Zip Code

78154-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPA W GLASS

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113279

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JERI L. RAMEY

Mailing Address 4011 E 62ND ST

City

TULSA

State

OK

Zip Code

74136-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098417

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE H. RAMHARTER

Mailing Address 597 SHOREHAVEN DRIVE

City

KISSIMMEE

State

FL

Zip Code

34759-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099140

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE H. RAMHARTER

Mailing Address 597 SHOREHAVEN DRIVE

City

KISSIMMEE

State

FL

Zip Code

34759-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116756

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. AUGUSTO RAMOS

Mailing Address 302 LAKE LOUISE CT

City

LAREDO

State

TX

Zip Code

78041-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091520

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ELLIOT J. RAMPULLA

Mailing Address 535 JACK WARNER PKWY NE
STE G1

City

TUSCALOOSA

State

AL

Zip Code

35404-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098333

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GERALD D. RANA, JR.

Mailing Address 806 HIGHWAY 2 N

City

WILBURTON

State

OK

Zip Code

74578-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer

RANAS FAMILY MEDICAL CLIN-
IC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098320

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JENNIFER RAND

Mailing Address 45 COUNTRY CLUB RD SW

City

LAKEWOOD

State

WA

Zip Code

98498-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13134579

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RUSSELL E. RANDALL

Mailing Address 1216 TRAH DR

City

GOODVIEW

State

VA

Zip Code

24095-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122370

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES P. RANDLE

Mailing Address 2464 BEAR DEN RD

City

FREDERICK

State

MD

Zip Code

21701-9319

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120746

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. H.R. RANSOM

Mailing Address 2000 ALADDIN WOODS COURT

City

COLUMBUS

State

OH

Zip Code

43212-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115735

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. J RAO

Mailing Address 4000 MITCHELLVILLE RD # 220

City

BOWIE

State

MD

Zip Code

20716-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122312

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RON E. RAPA, SR.

Mailing Address 1173 LINCOLN RD

City

ALLEGAN

State

MI

Zip Code

49010-9077

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPA ELECTRIC

Occupation

ELECTRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111140

Amount of Each Receipt this Period

99.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PAUL A. RASKAUSKAS

Mailing Address 6901 INTERNATIONAL CENTER BLVD

City

FORT MYERS

State

FL

Zip Code

33912-7125

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETINA CONSULTANTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111105

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHRISTIAN RASMUSSEN, SR.

Mailing Address 2150 BEEBE DRIVE

City

CUTCHOGUE

State

NY

Zip Code

11935-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125652

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

699.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SYLVIA M. RAVEGLIA

Mailing Address 118 MAID MARION LN

City

MCMURRAY

State

PA

Zip Code

15317-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13103780

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. NEDRA RAVESIES

Mailing Address 21321 CANEA

City

MISSION VIEJO

State

CA

Zip Code

92692-4992

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	9

Transaction ID: SA11.13102599

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. RUSSELL D. RAWN

Mailing Address 12 FOXHUNT TRAIL

City

LITTLE ROCK

State

AR

Zip Code

72227-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13101590

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 587 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. RUSSELL D. RAWN

Mailing Address 12 FOXHUNT TRAIL

City

LITTLE ROCK

State

AR

Zip Code

72227-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123848

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LEE ROY RAY

Mailing Address 214 CEDAR STREET

City

MANSFIELD

State

TX

Zip Code

76063-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107560

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN D. REAVILL

Mailing Address 1952 WINKLER MILL RD.

City

WILKESBORO

State

NC

Zip Code

28697-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124896

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN A. REDDELL

Mailing Address 214 WHITE CLOUD TRL.

City

MURFREESBORO

State

TN

Zip Code

37127-8368

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11.13111952

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN D. REDDEN

Mailing Address 1917 FORTSIDE CIR

City

FT MITCHELL

State

KY

Zip Code

41011-1846

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13112783

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOEL REED

Mailing Address 12340 EL CAMINO REAL
SUITE 450

City

SAN DIEGO

State

CA

Zip Code

92130-3080

FEC ID number of contributing
federal political committee.

C

Name of Employer
RA CAPITAL GROUP

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13125936

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BRENDA REEVES

Mailing Address 121 RANCHOUSE RD

City

BURLESON

State

TX

Zip Code

76028-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
REEVES TECH CORP

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122653

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID A. REEVES

Mailing Address 710 E ANDERSON ST.

City

WEATHERFORD

State

TX

Zip Code

76086-5870

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098419

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ELDON L. REEVES

Mailing Address 2816 SANDBERG ST

City

RIVERSIDE

State

CA

Zip Code

92506-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125002

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LYNDLE E. REEVES

Mailing Address PO BOX 141

City

MUNDAY

State

TX

Zip Code

76371-0141

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST NATIONAL BANK

Occupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1018.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122629

Amount of Each Receipt this Period

509.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ELENA R. REGALA

Mailing Address 210 S PALISADE DR
202

City

SANTA MARIA

State

CA

Zip Code

93454-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127434

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. AVNER E. REGGEV

Mailing Address 25 WOODLAND PL

City

SCARSDALE

State

NY

Zip Code

10583-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124944

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

859.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL REILLY

Mailing Address 196 W MAIN ST

City

UNIONTOWN

State

PA

Zip Code

15401-5537

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13095677

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DOROTHY REISINGER

Mailing Address 904 SCARLET TRACE NE

City

KENNESAW

State

GA

Zip Code

30144-1781

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13128302

Amount of Each Receipt this Period

350.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN C. RESCHAK

Mailing Address 3455 REGENCY PARK DR

City

GRAND BLANC

State

MI

Zip Code

48439-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAR, NOSE, THROAT AND PLA-
STIC SURGERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: SA11.13107417

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARIA REYNA

Mailing Address 1 GUSTAVE L LEVY PL

City

NEW YORK

State

NY

Zip Code

10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098326

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL RHEINGANS

Mailing Address P.O. BOX 99

City

WINCHESTER

State

CA

Zip Code

92596-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108984

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CARL RHEINGANS

Mailing Address P.O. BOX 99

City

WINCHESTER

State

CA

Zip Code

92596-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

FARMER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124022

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN E. RHOADS

Mailing Address 2917 17 MILE DRIVE

City

PEBBLE BEACH

State

CA

Zip Code

93953-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102531

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JEFFREY RHODES

Mailing Address 1445 PORTLAND AVE #108

City

ROCHESTER

State

NY

Zip Code

14621-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127024

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. VALERIE R. RHODES

Mailing Address 4024 N HARVEY PKWY

City

OKLAHOMA CITY

State

OK

Zip Code

73118-8430

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEPHEN B RHODES MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CLERICAL

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098605

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. NEIL G. RICCI

Mailing Address 458 21ST PLACE

City

SANTA MONICA

State

CA

Zip Code

90402-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098936

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LOREN C. RICE

Mailing Address 300 WESTLAKE DR.

City

AUSTIN

State

TX

Zip Code

78746-5306

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
HOME MAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098584

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MELANIE RICE

Mailing Address 1518 KINGS CASTLE DR

City

KATY

State

TX

Zip Code

77450-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125585

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. RICE

Mailing Address 6910 HOPEFUL RD.
APARTMENT 2112

City State Zip Code
FLORENCE KY 41042-7936

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121610

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIS A. RICH

Mailing Address 5859 WILD FIG LN

City State Zip Code
FORT MYERS FL 33919-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121963

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DONALD RICHARDSON

Mailing Address 1430 TULANE AVE

City State Zip Code
NEW ORLEANS LA 70112-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125516

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES A. RICHARDSON

Mailing Address 1001 N WALDROP DR
STE 602

City State Zip Code
ARLINGTON TX 76012-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.13104839

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES D. RICHARDS

Mailing Address 6438 NOBLE DRIVE

City State Zip Code
MCLEAN VA 22101-5263

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE GOVERNMENT AF-
FAIRS, LLC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1251.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: SA11.13107217

Amount of Each Receipt this Period

417.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. PATRICE RICHARDSON

Mailing Address 14715 BEAR CREEK PASS

City State Zip Code
AUSTIN TX 78737-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11.13120806

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

777.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD D. RICHARDSON

Mailing Address 9 FOXTAIL LN

City

CHADDS FORD

State

PA

Zip Code

19317-9778

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOLID STATE EQUIPMENT COR-
PORATION

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099979

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL RICHMAN

Mailing Address 1950 SAWTELLE BLVD
150

City

LOS ANGELES

State

CA

Zip Code

90025-7073

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CENTER FOR CHOLESTEROL
MANAGEMENT

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107416

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ALBERT L. RIDDLE

Mailing Address 25 COLLINS AVE

City

MERRIMACK

State

NH

Zip Code

03054-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOME DEPOT

Occupation
CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105698

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. STACI D. RIDNER

Mailing Address 1725 PINE ST

City

MONTGOMERY

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100494

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ARTHUR RIKLIN

Mailing Address 122 LABURNUM DRIVE

City

SAN ANTONIO

State

TX

Zip Code

78209-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095551

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. NANCY J. RILEY

Mailing Address 2967 TEAL LN.

City

CLEARWATER

State

FL

Zip Code

33762-3066

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLDWELL BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REAL ESTATE

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096752

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM RILEY

Mailing Address P.O. BOX 73144

City

PUYALLUP

State

WA

Zip Code

98373-0144

FEC ID number of contributing
federal political committee.

C

Name of Employer
BILL RILEY COMMUNITIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13110197

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELFIE J. RINDERKNECHT

Mailing Address 15650 FM 619

City

ELGIN

State

TX

Zip Code

78621-5364

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120775

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID RINGEL

Mailing Address 112 N RANDOLPH ST

City

GARRETT

State

IN

Zip Code

46738-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112786

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE RIPAK

Mailing Address 5 TAMMI COURT

City

KINGS PARK

State

NY

Zip Code

11754-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAWRENCE RIPAK CO. INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123845

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098357

Amount of Each Receipt this Period

410.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 9

Transaction ID: SA11.13105366

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134555

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ALFRED H. RIVERA

Mailing Address 10260 SW 56TH ST
STE 104

City

MIAMI

State

FL

Zip Code

33165-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTER FOR EXECUTIVE OPHT-
HALMOLOGY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095632

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ALAN KENT RIVES

Mailing Address PO BOX 1593

City

SPRING

State

TX

Zip Code

77383-1593

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDI MACHINE, INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124990

Amount of Each Receipt this Period

700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANGELA ROBBINS

Mailing Address 1010 ECTOR DRIVE NW

City

KENNESAW

State

GA

Zip Code

30152-6206

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096966

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MEREDITH ROBBINS

Mailing Address 1253 CHERRY POINT DR

City

WHITE STONE

State

VA

Zip Code

22578-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120704

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CARLA P. ROBERTS

Mailing Address 550 PEACHTREE ST NE
1800

City

ATLANTA

State

GA

Zip Code

30308-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098374

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. CELESTE ROBERTS

Mailing Address PO BOX 33922

City

DECATUR

State

GA

Zip Code

30033-0922

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAUREL RIDGE ELEMENTARY,
DEKALB CO.

Occupation

SPEECH PATHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098365

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. FRANCES ROBERTS

Mailing Address 2951 CASTLEWOOD DR

City

MACON

State

GA

Zip Code

31204-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13098727

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. FRANCES ROBERTS

Mailing Address 2951 CASTLEWOOD DR

City

MACON

State

GA

Zip Code

31204-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13099128

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. FRANCES ROBERTS

Mailing Address 2951 CASTLEWOOD DR

City

MACON

State

GA

Zip Code

31204-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13119528

Amount of Each Receipt this Period

37.50

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. FRANCES ROBERTS

Mailing Address 2951 CASTLEWOOD DR

City

MACON

State

GA

Zip Code

31204-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120133

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH N. ROBERTSON, SR.

Mailing Address 12 STILLFOREST ST

City

HOUSTON

State

TX

Zip Code

77024-7518

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100320

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ROBYN ROBERTSON

Mailing Address P.O. BOX 2365

City

MESILLA PARK

State

NM

Zip Code

88047-2365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126271

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

COL. RUSSELL C. ROBERTS, JR.

Mailing Address 4356 E. COCONINO STREET

City

PHOENIX

State

AZ

Zip Code

85044-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127139

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. TODD ROCHMAN

Mailing Address 633 GIDNEY AVE
2

City

NEWBURGH

State

NY

Zip Code

12550-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098304

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILBERT L. ROCKKELMAN

Mailing Address 3555 CLARES ST
STE WWW

City State Zip Code
CAPITOLA CA 95010-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
THUNDERBIRD

Occupation
OWNER REALTOR CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124940

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ANNE S. ROGERS

Mailing Address 4421 IONA CHURCH RD

City State Zip Code
FAIRMONT NC 28340-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124823

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DONNA L. ROGERS

Mailing Address 1301 HARRIS DR

City State Zip Code
BARTLESVILLE OK 74006-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119566

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LUTHER B. ROGERS

Mailing Address PO BOX 274

City
LLANO

State
TX

Zip Code
78643-0274

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112834

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ROBERTA F. ROGERS

Mailing Address 14515 W. GRANITE VALLEY DRIVE
APARTMENT E567

City

SUN CITY WEST

State
AZ

Zip Code
85375-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097183

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS E. ROGUS

Mailing Address P.O. BOX 587

City

STEPHEN

State
MN

Zip Code
56757-0587

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEROG MANUFACTURING

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111961

Amount of Each Receipt this Period

350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA A. ROHAN

Mailing Address 14 SKYVIEW DRIVE

City

WARE

State

MA

Zip Code

01082-9731

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMITH & NEPHEW INC.

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133541

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARK D ROHDE

Mailing Address 4087 BROCKTON SE

City

KENTWOOD

State

MI

Zip Code

49512-4084

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROHDE CONSTRUCTION COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121186

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JASON L. ROLLING

Mailing Address 19343 SUNSHINE AVE

City

COVINGTON

State

LA

Zip Code

70433-8834

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096731

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL ROMANOSKI

Mailing Address 18505 S SONOITA HWY

City

VAIL

State

AZ

Zip Code

85641-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
GLASS

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126369

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. F. E. RONALD, JR.

Mailing Address 18 NARBONNE

City

NEWPORT BEACH

State

CA

Zip Code

92660-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMITH BARNEY

Occupation

STOCK BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107737

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ANTHONY M. ROOD, JR.

Mailing Address 1608 W. WINSLOW DRIVE

City

MEQUON

State

WI

Zip Code

53092-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126358

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HON. L.F. ROONEY

Mailing Address 5601 S. 122ND EAST AVENUE

City

TULSA

State

OK

Zip Code

74146-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROONEY HOLDINGS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133579

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ANTON H. ROSENTHAL

Mailing Address 31 TURNER LANE

City

WEST CHESTER

State

PA

Zip Code

19380-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROSENTHAL AND GANISTER

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107213

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID ROSENFELD

Mailing Address 2650 JONES WAY
SUITE 25

City

SIMI VALLEY

State

CA

Zip Code

93065-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098421

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

21150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. J ROSENTHAL

Mailing Address 2865 N REYNOLDS RD
170City State Zip Code
TOLEDO OH 43615-2076FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098382

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARY LOU ROSENCRANZ

Mailing Address 186 JERRY BROWNE ROAD
UNIT 1408City State Zip Code
MYSTIC CT 06355-4007FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13125683

Amount of Each Receipt this Period

109.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM C. ROSENFELD

Mailing Address 295 MAPLE ST
202City State Zip Code
TAWAS CITY MI 48763-9352FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
GERIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098386

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

709.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANDREW S. ROSS

Mailing Address 670 GLADES RD
STE 300

City

BOCA RATON

State

FL

Zip Code

33431-6464

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13095668

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM R. ROSSING

Mailing Address 1100 E 21ST ST STE 506

City

SIOUX FALLS

State

SD

Zip Code

57105-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEWDOGY ASSOCIATES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

NEUROLOGIST

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13096987

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MYER H. ROSZLER

Mailing Address 8900 N KENDALL DR

City

MIAMI

State

FL

Zip Code

33176-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13112808

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RONALD T. ROUNDTREE

Mailing Address 210 TRACE COLONY PARK DRIVE

City

RIDGELAND

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116473

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN R. ROWELL

Mailing Address 35 INTERNATIONAL DR

City

GREENVILLE

State

SC

Zip Code

29615-4816

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102192

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. TONITA MC CAIN RUBERY

Mailing Address 353 JONESTOWN RD APT 196

City

WINSTON SALEM

State

NC

Zip Code

27104-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127616

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ELIZABETH RUCHHOFT

Mailing Address 10700 MONTGOMERY RD
311

City State Zip Code
CINCINNATI OH 45242-3260

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095636

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TIMSLEY RUCKER

Mailing Address 2432 TORCROSS DRIVE

City State Zip Code
FAYETTEVILLE NC 28304-2529

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130688

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. GERALDINE RUDD

Mailing Address 681 EAGLE VIEW CIR

City State Zip Code
TALLAHASSEE FL 32311-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116947

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CHARLES E. RUGGEROLI

Mailing Address 500 S RANCHO DR. STE. 5

City

LAS VEGAS

State

NV

Zip Code

89106-4897

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096674

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EWA T. RUGGIERI

Mailing Address 2977 AVENUE S

City

BROOKLYN

State

NY

Zip Code

11229-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109964

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY R. RUHLIN

Mailing Address 4000 ASTON GARDENS DR

City

VENICE

State

FL

Zip Code

34292-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099160

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MARY R. RUHLIN

Mailing Address 4000 ASTON GARDENS DR

City

VENICE

State

FL

Zip Code

34292-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13103330

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARY R. RUHLIN

Mailing Address 4000 ASTON GARDENS DR

City

VENICE

State

FL

Zip Code

34292-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117579

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY R. RUHLIN

Mailing Address 4000 ASTON GARDENS DR

City

VENICE

State

FL

Zip Code

34292-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124365

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARCIA L. RUMA

Mailing Address 2585 SLATE RUN

City

COLUMBUS

State

OH

Zip Code

43220-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13110174

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GORDON J. RUSSO

Mailing Address 120 MEADOWCREST ST
STE 160

City

GRETNA

State

LA

Zip Code

70056-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119534

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JEREMIAH RUTHERFORD

Mailing Address 3332 W OKMULGEE ST

City

MUSKOGEE

State

OK

Zip Code

74401-5069

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. S. RUTHERFORD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124788

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES RYAN

Mailing Address 2999 PRESIDENTIAL BLVD

City

HERMITAGE

State

PA

Zip Code

16148-3689

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105461

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM SAAD

Mailing Address 107 FLINTSTONE DR

City

HOLLIDAYSBURG

State

PA

Zip Code

16648-9789

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099085

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HAMNI SABBOUR

Mailing Address 1451 POUND HILL RD

City

NORTH SMITHFIELD

State

RI

Zip Code

02896-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122314

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ARTURO B. SABIO

Mailing Address 196 RIVERVIEW DR

City

SUTTON

State

WV

Zip Code

26601-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125477

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANCIS SACCARDO

Mailing Address 105 WINNACUNNET RD

City

HAMPTON

State

NH

Zip Code

03842-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121840

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KULDIP K. SACHDEV

Mailing Address 282 E GUN HILL RD

City

BRONX

State

NY

Zip Code

10467-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104848

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. VISHAL SACHDEV

Mailing Address 830 S GLOSTER ST

City

TUPELO

State

MS

Zip Code

38801-4934

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094155

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MALIN SADLER

Mailing Address 520 MYERS PARK DR

City

LEXINGTON

State

NC

Zip Code

27292-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123636

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LOUIS C. SAEGER

Mailing Address 1950 CURVE CREST BLVD W
100

City

STILLWATER

State

MN

Zip Code

55082-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST SPINE INSTITUTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107405

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARTIN J. SAFKO

Mailing Address 2900 E DESERT INN RD
202

City State Zip Code
LAS VEGAS NV 89121-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111063

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSE F. SALEMA

Mailing Address 199 CONSTITUTION AVE

City State Zip Code
PORTSMOUTH NH 03801-5693

FEC ID number of contributing
federal political committee.

C

Name of Employer
AJSMNAGEMENT

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120736

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HERMINIA S. SALVADOR

Mailing Address 11758 ALMOND CT

City State Zip Code
LOMA LINDA CA 92354-3640

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100541

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALLAN SALZBERG

Mailing Address 10671 SANDPIPER STREET

City

BOISE

State

ID

Zip Code

83709-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
CALCUDOS.COM INC

Occupation

PHYSICIAN/ SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114344

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN W. SAMPSON

Mailing Address 9614 PARKWOOD COURT

City

FORT MYERS

State

FL

Zip Code

33908-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124054

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111555

Amount of Each Receipt this Period

10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111712

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SANDERS

Mailing Address 6745 STEAMBOAT WAY

City

SACRAMENTO

State

CA

Zip Code

95831-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127118

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN SANDERS

Mailing Address 24644 N 114TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096077

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN SANDERS

Mailing Address 24644 N 114TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13109006

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN SANDERS

Mailing Address 24644 N 114TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13109012

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN SANDERS

Mailing Address 24644 N 114TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127492

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN SANDERS

Mailing Address 24644 N 114TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13129854

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LINDA E. SANDEEN

Mailing Address 304 LINDY LN

City

GRANTS PASS

State

OR

Zip Code

97526-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098364

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SANJAY SANDHIR

Mailing Address 75 SYLVANIA DRIVE

City

DAYTON

State

OH

Zip Code

45440-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIGESTIVE CARE INC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096985

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES SANDNER

Mailing Address 499 OTIS DR

City

RIPON

State

CA

Zip Code

95366-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer
US ARMY CORPS OF ENGINEERS

Occupation

CHIEF, CONSTRUCTION OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128826

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEPHEN W. SANGER

Mailing Address 16588 GRAYS BAY BLVD.

City

WAYZATA

State

MN

Zip Code

55391-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13115727

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE E. SANNER

Mailing Address 2501 HIDDEN HILLS DR

City

MARIETTA

State

GA

Zip Code

30066-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGAL BANK & TRUST

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101641

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE E. SANNER

Mailing Address 2501 HIDDEN HILLS DR

City

MARIETTA

State

GA

Zip Code

30066-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGAL BANK & TRUST

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106008

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE E. SANNER

Mailing Address 2501 HIDDEN HILLS DR

City

MARIETTA

State

GA

Zip Code

30066-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGAL BANK & TRUST

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134559

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LOUIS J. SANTIN

Mailing Address 15704 SE 34TH CIR

City

VANCOUVER

State

WA

Zip Code

98683-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123926

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL C. SANTO

Mailing Address 6815 FAIR OAKS BLVD STE 1

City

CARMICHAEL

State

CA

Zip Code

95608-3869

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096962

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DONALD SANTORA

Mailing Address 390 LINDEN ST

City

MEADVILLE

State

PA

Zip Code

16335-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123640

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES SAPP

Mailing Address 9554 U.S. HIGHWAY 52

City

MANCHESTER

State

OH

Zip Code

45144-9475

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116616

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. KENNETH SAPP

Mailing Address 3001 6TH ST
STE A

City State Zip Code
GREAT LAKES IL 60088-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105452

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. BARCLAY SAPPINGTON

Mailing Address 8523 E 11TH ST STE C

City State Zip Code
TULSA OK 74112-7963

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125530

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. BENTON S. SATTERFIELD

Mailing Address 2801 BLUE RIDGE RD
STE G50

City State Zip Code
RALEIGH NC 27607-6490

FEC ID number of contributing
federal political committee.

C

Name of Employer
BENTON S. SATTERFIELD MD,
PA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122316

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HERMAN SATTERWHITE

Mailing Address 585 SQUARE LAKE DR. E.

City

BARTOW

State

FL

Zip Code

33830-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112627

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JEFFREY W. SATTLER

Mailing Address 1026 MAIN ST

City

LEXINGTON

State

MO

Zip Code

64067-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INTERNAL MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105471

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS O. SAVIDGE

Mailing Address 905 N HOWE ST

City

SOUTHPORT

State

NC

Zip Code

28461-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102133

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SANDIP SAWARDECKER

Mailing Address 57 WOODRIDGE PLACE

City

JACKSON

State

MS

Zip Code

39211-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MS MED CTR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107224

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SANDIP SAWARDECKER

Mailing Address 57 WOODRIDGE PLACE

City

JACKSON

State

MS

Zip Code

39211-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MS MED CTR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107231

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BHUPINDER S. SAWHNEY

Mailing Address 851 BLVD E APT E1

City

WEEHAWKEN

State

NJ

Zip Code

07086-7037

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123724

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. HORACE K. SAWYER, JR

Mailing Address 809 PEACHTREE ST

City

LOUISVILLE

State

GA

Zip Code

30434-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105472

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. SAXON

Mailing Address 514 BROOKSTONE COURT

City

COPLEY

State

OH

Zip Code

44321-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMTRUST NATL

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101292

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HAROLD SCHACHTNER

Mailing Address 568 232ND AVENUE

City

SOMERSET

State

WI

Zip Code

54025-7330

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127066

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JUDI SCHAFER

Mailing Address 1744 N FEDERAL HWY

City

FORT LAUDERDALE

State

FL

Zip Code

33305-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OPTOMETRIST

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13120673

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GARY I. SCHECTER

Mailing Address 131 MAIN ST SUITE 101A

City

THOMASTON

State

CT

Zip Code

06787-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123624

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PAUL J. SCHEINBERG

Mailing Address 5667 PEACHTREE DUNWOODY RD NE

City

ATLANTA

State

GA

Zip Code

30342-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

Transaction ID: SA11.13119535

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL E. SCHERDT

Mailing Address 11178 BRAZOS RIVER CT

City

RANCHO CORDOVA

State

CA

Zip Code

95670-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation
OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13097986

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JOAN SCHERER

Mailing Address 606 LOUGHMOR PASS

City

WELDON SPRING

State

MO

Zip Code

63304-0504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13110891

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN SCHIZ

Mailing Address 64 BELLEFAIR RD

City

PORT CHESTER

State

NY

Zip Code

10573-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096708

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. INA SCHLICHTMANN

Mailing Address 507 3RD STREET SE
APARTMENT 6

City Hillsboro State ND Zip Code 58045-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120587

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD L. SCHLOEMER

Mailing Address 101 PECAN ST

City TROY State AL Zip Code 36081-3171

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122326

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HENRY S. SCHMIDT, JR.

Mailing Address 32023 MAYER RD

City WALLER State TX Zip Code 77484-7046

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FARMER/RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095716

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JEFF A. SCHMIDT

Mailing Address 3100 WILLOW WIND RD.

City

NORTH PLATTE

State

NE

Zip Code

69101-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCHMIDT ELECTRIC

Occupation

ELECTRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119597

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KEVIN R. SCHMIDT

Mailing Address 7309 WILFORD CT

City

BAKERSFIELD

State

CA

Zip Code

93309-5440

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

EMERGENCY MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111153

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CARL SCHMULEN

Mailing Address 6560 FANNIN STREET SUITE 1625

City

HOUSTON

State

TX

Zip Code

77030-2776

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099087

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PKWY.

City

EAU CLAIRE

State

WI

Zip Code

54701-7794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT. OF LABOR

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112637

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PKWY.

City

EAU CLAIRE

State

WI

Zip Code

54701-7794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT. OF LABOR

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112638

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PKWY.

City

EAU CLAIRE

State

WI

Zip Code

54701-7794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT. OF LABOR

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112639

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PKWY.

City

EAU CLAIRE

State

WI

Zip Code

54701-7794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT. OF LABOR

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112640

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PKWY.

City

EAU CLAIRE

State

WI

Zip Code

54701-7794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT. OF LABOR

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112641

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PKWY.

City

EAU CLAIRE

State

WI

Zip Code

54701-7794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT. OF LABOR

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112642

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PKWY.

City

EAU CLAIRE

State

WI

Zip Code

54701-7794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT. OF LABOR

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112643

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MALENA SCHNEEBERGER

Mailing Address 660 TREMONT ST
APT. 1

City

BOSTON

State

MA

Zip Code

02118-1213

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122711

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PHILIP G. SCHONER

Mailing Address 107 COLSTON PL

City

LEXINGTON

State

VA

Zip Code

24450-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097680

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LOUIS SCHOOLER

Mailing Address 5186 CARROLL CANYON RD
STE 100

City State Zip Code
SAN DIEGO CA 92121-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN FINANCIAL

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13123082

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID SCHREIBER

Mailing Address 3 REGENT DRIVE

City State Zip Code
LAWRENCE NY 11559-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099983

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MAJ. FREDERICK R. SCHUMACHER

Mailing Address 1201 FAIRHAVEN AVE
APARTMENT 4D

City State Zip Code
SANTA ANA CA 92705-6771

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101700

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAJ. FREDERICK R. SCHUMACHER

Mailing Address 1201 FAIRHAVEN AVE
APARTMENT 4D

City State Zip Code
SANTA ANA CA 92705-6771

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127071

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARRY RICHARD SCHUMACHER

Mailing Address 47 E 88TH ST.
APT.14A

City State Zip Code
NEW YORK NY 10128-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100053

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HARRY RICHARD SCHUMACHER

Mailing Address 47 E 88TH ST.
APT.14A

City State Zip Code
NEW YORK NY 10128-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111714

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JULIE SCHUUR

Mailing Address 218 CASHIN DR.

City

LUVERNE

State

MN

Zip Code

56156-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118466

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DON A. SCHWEIGER

Mailing Address 12 FARMFIELD AVE
E

City

CHARLESTON

State

SC

Zip Code

29407-7755

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102102

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GREGORY SCHWEITZER

Mailing Address 1497 N.W. 7 STREET

City

MIAMI

State

FL

Zip Code

33125-3640

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITAL RENTAL AGENCY

Occupation
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099987

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD SCHWEIKHART

Mailing Address 2498 HARVEST VLY

City

ELGIN

State

IL

Zip Code

60124-4328

FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11.13107225

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. THOMAS A. SCHWELLER

Mailing Address 3200 4TH AVE SUITE 100

City

SAN DIEGO

State

CA

Zip Code

92103-5716

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13123678

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD M. SCIBELLI

Mailing Address 82 MECHANIC ST

City

PAWCATUCK

State

CT

Zip Code

06379-2154

FEC ID number of contributing
federal political committee.**C**Name of Employer
ENSR-TEK INTERNATIONAL IN-
C.Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.13097231

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CALVIN WENDELL SCOTT

Mailing Address 4504 KINGSWICK DR

City

ARLINGTON

State

TX

Zip Code

76016-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111483

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES R. SCOTT

Mailing Address 3 COTTON TRACE ST.

City

SIKESTON

State

MO

Zip Code

63801-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096142

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. RACHEL C. SCOTT

Mailing Address 1088 GARLAND COX ROAD

City

TABOR CITY

State

NC

Zip Code

28463-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13122060

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. NANCY F. SEAGLE

Mailing Address 359 2ND STREET PL NW

City

HICKORY

State

NC

Zip Code

28601-4934

FEC ID number of contributing
federal political committee.

C

Name of Employer
DU MONDE INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120068

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ELIZABETH SEAMAN

Mailing Address 599 SIR FRANCIS DRAKE BLVD
STE 204

City

GREENBRAE

State

CA

Zip Code

94904-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130702

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN M. SEBREE

Mailing Address 1528 GOLF TERRACE DR

City

TALLAHASSEE

State

FL

Zip Code

32301-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOVT OF REALTORS

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121209

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PETER E. SEDA

Mailing Address 969 STEVENS DR STE 2A

City

RICHLAND

State

WA

Zip Code

99352-3557

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA HEART INSTITUTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124799

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

C. W. SEELY

Mailing Address 815 W. 10TH STREET

City

FORT WORTH

State

TX

Zip Code

76102-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEELEY OIL COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133532

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOSEPH SEGEL

Mailing Address 1500 S DAIRY ASHFORD ST
STE. 198

City

HOUSTON

State

TX

Zip Code

77077-3858

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095648

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN SEIBERTH

Mailing Address 4439 LAKE LAWRENCE DR

City

BATON ROUGE

State

LA

Zip Code

70816-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105502

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWIN A. SEIPP

Mailing Address 49 TUSCALOOSA AVE

City

ATHERTON

State

CA

Zip Code

94027-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115111

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES C. SELEY

Mailing Address 1675 S. EUCLID AVENUE

City

SAN MARINO

State

CA

Zip Code

91108-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELEY & CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102552

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. K. W. SELLERS

Mailing Address 8020 FRANKFORD
APARTMENT 126

City State Zip Code
DALLAS TX 75252-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108164

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERRY L. SENATORE

Mailing Address 3666 N VALENTINE AVE

City State Zip Code
FRESNO CA 93722-4948

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENOA CONSTRUCTION

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098396

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

COL. GAIL H. SETTLES

Mailing Address 4917 RAVENSWOOD DRIVE
APARTMENT 1509

City State Zip Code
SAN ANTONIO TX 78227-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127803

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID SEUBERLING

Mailing Address 2575 QUEEN CITY AVE

City

CINCINNATI

State

OH

Zip Code

45238-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOME IMPROVEMENT SYSTEMS
INCOR

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098389

Amount of Each Receipt this Period

99.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MYREN R. SEVERIN

Mailing Address 94-1133 KAPEHU ST

City

WAIPAHU

State

HI

Zip Code

96797-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer
US ARMY

Occupation
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108869

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT W. SEWELL

Mailing Address 1545 E SOUTHLAKE BLVD # 140

City

SOUTHLAKE

State

TX

Zip Code

76092-6464

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105399

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

349.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES SEXTON

Mailing Address 279 FOX CHASE CIR.

City

MADISONVILLE

State

KY

Zip Code

42431-8777

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLUID POWER SERVICES, INC.

Occupation

FLUID POWER ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095158

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LALEH SHABAN

Mailing Address 665 MAIN ST
B

City

MORRO BAY

State

CA

Zip Code

93442-2269

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115607

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HOWARD L. SHACKELFORD

Mailing Address 109 PLAZA DRIVE A 2

City

SAINT CLAIRSVILLE

State

OH

Zip Code

43950-7713

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096972

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CLINTON SHAFFER

Mailing Address 10338 OSO REDONDO, NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-3775

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARES CORPORATION

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125371

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SUBASH SHAH

Mailing Address 2525 SOUTH MICHIGAN AVE

City

CHICAGO

State

IL

Zip Code

60616-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123715

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. VIPUL B. SHAH

Mailing Address 1900 S MAIN ST

City

FINDLAY

State

OH

Zip Code

45840-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102111

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONNA SHANDS

Mailing Address 1495 BLUE POINT AVE

City

NAPLES

State

FL

Zip Code

34102-0560

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL LOGISTICS

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134566

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. THOMAS P. SHANER

Mailing Address 621 S NEW BALLAS RD
SUITE 695A

City

SAINT LOUIS

State

MO

Zip Code

63141-8263

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111065

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CLAUDIA C. SHANKS

Mailing Address 4215 HARDING PIKE
APT 310

City

NASHVILLE

State

TN

Zip Code

37205-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120196

Amount of Each Receipt this Period

370.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GARY SHANK

Mailing Address 9960 PHILLIPS RD.

City

BLUFFTON

State

OH

Zip Code

45817-9534

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARATHON ASHLAND PETROLEUM
LLC

Occupation

SYSTEMS DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096440

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GARY SHANK

Mailing Address 9960 PHILLIPS RD.

City

BLUFFTON

State

OH

Zip Code

45817-9534

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARATHON ASHLAND PETROLEUM
LLC

Occupation

SYSTEMS DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096874

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GARY SHANK

Mailing Address 9960 PHILLIPS RD.

City

BLUFFTON

State

OH

Zip Code

45817-9534

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARATHON ASHLAND PETROLEUM
LLC

Occupation

SYSTEMS DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109993

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SHANNON

Mailing Address 8230 HIGHWAY 49 S

City

CLARKSDALE

State

MS

Zip Code

38614-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHANNON AGRICULTURAL FLYI-
NG

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094159

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DEAN SHAUERS

Mailing Address 15398 FLOWERGATE WAY

City

PARKER

State

CO

Zip Code

80134-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROONEY ENGINEERING, INC.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095184

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DEAN SHAUERS

Mailing Address 15398 FLOWERGATE WAY

City

PARKER

State

CO

Zip Code

80134-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROONEY ENGINEERING, INC.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125598

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DONALD M. SHAW

Mailing Address 1525 PIPER DUNES PL

City

FERNANDINA

State

FL

Zip Code

32034-6619

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098360

Amount of Each Receipt this Period

310.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY JANE SHAW

Mailing Address 2635 E SOUTHERN AVE ROOM N-142

City

TEMPE

State

AZ

Zip Code

85282-7891

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094855

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY JANE SHAW

Mailing Address 2635 E SOUTHERN AVE ROOM N-142

City

TEMPE

State

AZ

Zip Code

85282-7891

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111582

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL B. SHAW

Mailing Address 8803 S 101ST EAST AVENUE
SUITE 165

City State Zip Code
TULSA OK 74133-5750

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH TULSA ENT CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130029

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAY R. SHAYEVITZ

Mailing Address 7 PARKWOOD AVE

City State Zip Code
ROCHESTER NY 14620-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112729

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. VANCE SHEARER

Mailing Address 6911 WANDERING WAY

City State Zip Code
COLLEYVILLE TX 76034-6413

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT SOUTHWESTERN MED SCHOOL

Occupation
PROFESSOR OF ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100566

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN G. SHEDD

Mailing Address 7998 N. MAIN STREET

City

ROCKFORD

State

IL

Zip Code

61103-8663

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Transaction ID: SA11.13118412

Amount of Each Receipt this Period

55.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TODD SHENKENBERG

Mailing Address 1719 TREASURE HILLS BLVD

City

HARLINGEN

State

TX

Zip Code

78550-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY CANCER ASSOCIATESOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13124755

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GARY K. SHERMAN

Mailing Address 9791 E W AVE

City

VICKSBURG

State

MI

Zip Code

49097-9570

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098399

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ANNETTE B. SHERWOOD

Mailing Address 1 STICKLEY DR

City

LAGUNA BEACH

State

CA

Zip Code

92651-4238

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13129970

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PARTRICA SHEY

Mailing Address PO BOX 247

City

WESTMINSTER

State

VT

Zip Code

05158-0247

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122661

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. LINDA LEE SHIMMIN

Mailing Address P.O. BOX 697

City

VERNAL

State

UT

Zip Code

84078-0697

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121851

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHIRLEY D. SHIPLEY

Mailing Address 2075 ROSEWOOD LANE

City

YORK

State

PA

Zip Code

17403-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHEPLEY ENERGY

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105796

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EUGENE R. SHIPPEN

Mailing Address 9 E LANCASTER AVE

City

SHILLINGTON

State

PA

Zip Code

19607-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112787

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEWART SHOFNER

Mailing Address 2021 CHURCH ST
300

City

NASHVILLE

State

TN

Zip Code

37203-5902

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105400

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE M. SHOLA

Mailing Address 55 SUMMIT AVENUE

City

WEBSTER GROVES

State

MO

Zip Code

63119-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096101

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE M. SHOLA

Mailing Address 55 SUMMIT AVENUE

City

WEBSTER GROVES

State

MO

Zip Code

63119-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096144

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MELANIE SHORTER

Mailing Address 106 MORAN DR

City

BONAIRE

State

GA

Zip Code

31005-5106

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094116

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS P. SHORTEED

Mailing Address 3378 STATE ROUTE 5

City

CORTLAND

State

OH

Zip Code

44410-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMENPRITE

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091592

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT H. SHRADER

Mailing Address 9333 ROLLING CIRCLE

City

SAN ANTONIO

State

FL

Zip Code

33576-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108331

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. V. J. SHRADER

Mailing Address 49832 DESERT VISTA DR

City

PALM DESERT

State

CA

Zip Code

92260-6784

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124894

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. DORIS M. SHREWSBURY

Mailing Address 10441 REXFORD DRIVE

City

CYPRESS

State

CA

Zip Code

90630-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101677

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DORIS M. SHREWSBURY

Mailing Address 10441 REXFORD DRIVE

City

CYPRESS

State

CA

Zip Code

90630-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102407

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. TAWHID A. SHUAIB

Mailing Address 500 E RIDGE RD
STE 101

City

MCALLEN

State

TX

Zip Code

78503-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY CARDIOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109920

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ALLISON SHULMAN

Mailing Address 6407 15TH STREET

City

ALEXANDRIA

State

VA

Zip Code

22307-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
DICKSTEIN SHAPIRO

Occupation
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13123083

Amount of Each Receipt this Period

625.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SCOTT SHULMAN

Mailing Address 550 PEACHTREE ST NE STE. 1550

City

ATLANTA

State

GA

Zip Code

30308-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAUREATE MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099703

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT D. SHUMAN JR

Mailing Address 104 FAIRVIEW PARK DR

City

DUBLIN

State

GA

Zip Code

31021-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104844

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. HERVEY S. SICHERMAN

Mailing Address 1777 HAMBURG TURNPIKE SUITE 301

City

WAYNE

State

NJ

Zip Code

07470-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123706

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MERLE S. SIEBERT

Mailing Address 3403 DOE RUN

City

AUSTIN

State

TX

Zip Code

78748-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOUSEWIFE

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112251

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MERLE S. SIEBERT

Mailing Address 3403 DOE RUN

City

AUSTIN

State

TX

Zip Code

78748-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOUSEWIFE

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128814

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 665 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JON L. SIEGEL

Mailing Address 1000 MEDICAL CENTER BLVD

City

LAWRENCEVILLE

State

GA

Zip Code

30046-7694

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH METROPOLITAN RADIOL-
OGY ASSOCIATE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122354

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MYRON M. SIGATY

Mailing Address 18708 E MAZATZAL CIRCLE

City

RIO VERDE

State

AZ

Zip Code

85263-7098

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112241

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CARMEL R. SILVA

Mailing Address 9104 RICHBOROUGH WAY

City

ELK GROVE

State

CA

Zip Code

95624-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125723

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. DANIEL SILVER

Mailing Address 5363 BALBOA BLVD
STE 445A

City State Zip Code
ENCINO CA 91316-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112733

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MATTHEW S. SILVERBERG

Mailing Address 12 SOUTH ATLANTIC AVENUE
APARTMENT 6

City State Zip Code
MATAWAN NJ 07747-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099100

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MATTHEW S. SILVERBERG

Mailing Address 12 SOUTH ATLANTIC AVENUE
APARTMENT 6

City State Zip Code
MATAWAN NJ 07747-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13109803

Amount of Each Receipt this Period

10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SHELLIE K. SIMLER

Mailing Address 10619 N LA QUINTA DR

City

TUCSON

State

AZ

Zip Code

85737-7017

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEROJET

Occupation

BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121264

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DEBORAH A. SIMMONS

Mailing Address 1805 VERNON RD
SUITE C

City

LAGRANGE

State

GA

Zip Code

30240-3871

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN SURGERY CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109919

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BERKELEY SIMONDS

Mailing Address 1171 S STELLING RD

City

CUPERTINO

State

CA

Zip Code

95014-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13102798

Amount of Each Receipt this Period

12.50

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

412.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. VALORIE A. SIMONS

Mailing Address 18218 PARADISE MOUNTAIN ROAD
SPACE 191

City State Zip Code
VALLEY CENTER CA 92082-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARRAH'S RINCON CASINO

Occupation
BLACK JACK DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091598

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ELVIN SIMPSON, JR.

Mailing Address 40312 BLACK BAYOU EXT

City State Zip Code
GONZALES LA 70737-6805

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122500

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JANICE FREED SIMPSON

Mailing Address 9350 POUNDSTONE PL.

City State Zip Code
GREENWOOD VLG. CO 80111-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
AURORA MENTAL HEALTH CENT-
ER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105147

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JANICE FREED SIMPSON

Mailing Address 9350 POUNDSTONE PL.

City

GREENWOOD VLG.

State

CO

Zip Code

80111-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
AURORA MENTAL HEALTH CENT-
ER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119627

Amount of Each Receipt this Period

85.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ATUL SINGH

Mailing Address 4522 MACCORKLE AVE SE
STE 3

City

CHARLESTON

State

WV

Zip Code

25304-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098460

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JIMMY O. SIO

Mailing Address 8604 DINARD PL

City

BAKERSFIELD

State

CA

Zip Code

93311-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAISER PERMANENTE

Occupation
PHYSICIAN/ BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113303

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES SIPP

Mailing Address 3414 RIVER SEINE STREET

City

COLUMBUS

State

OH

Zip Code

43221-4778

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100819

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES SIPP

Mailing Address 3414 RIVER SEINE STREET

City

COLUMBUS

State

OH

Zip Code

43221-4778

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127325

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN SIRNA

Mailing Address 5979 LAWTON AVE

City

ROCK HALL

State

MD

Zip Code

21661-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128686

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GUY SITLER

Mailing Address 891 N VILLAGE DR

City

NEWARK

State

OH

Zip Code

43055-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13115988

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES D. SKIDMORE

Mailing Address P.O. BOX 2396

City

MIDDLESBORO

State

KY

Zip Code

40965-4396

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128816

Amount of Each Receipt this Period

210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMES SLABY

Mailing Address 128 E MILLTOWN RD STE 101

City

WOOSTER

State

OH

Zip Code

44691-6108

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098328

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DOLORES SLATER

Mailing Address 118 BAYSIDE W.

City

OWLS HEAD

State

ME

Zip Code

04854-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111931

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. TERESE SLATER

Mailing Address 137 REDHAVEN CT

City

THURMONT

State

MD

Zip Code

21788-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHWAYS, INC.

Occupation
R.N. HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113508

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. TERESE SLATER

Mailing Address 137 REDHAVEN CT

City

THURMONT

State

MD

Zip Code

21788-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHWAYS, INC.

Occupation
R.N. HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119921

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JANICE SMARTO

Mailing Address 605 PENNSYLVANIA BLVD

City

JEANNETTE

State

PA

Zip Code

15644-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRUDENTIAL PREFERRED REAL-
TY

Occupation

REAL ESTATE BROKER/MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105135

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. VIKTOR SMIRNOV

Mailing Address 30 MERRICK AVENUE

City

EAST MEADOW

State

NY

Zip Code

11554-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100558

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BEVERLY R. SMITH

Mailing Address 4001 N. NEW BRAUNFELS #1400

City

SAN ANTONIO

State

TX

Zip Code

78209-6345

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113265

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES SMITH, JR.

Mailing Address 2101 HARRISBURG RD

City

JONESBORO

State

AR

Zip Code

72401-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101096

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER SMITH

Mailing Address 401 W 4TH AVE

City

ALBANY

State

GA

Zip Code

31701-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALBANY SURGICAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123618

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVE SMITH

Mailing Address 4800 CANOE CREEK RD

City

SAINT CLOUD

State

FL

Zip Code

34772-7442

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
CATTLEMAN/SOD GROWER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111916

Amount of Each Receipt this Period

170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

695.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 675 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. DORIS ELISE SMITH

Mailing Address 4806 LOCKGREEN CIR.

City

RICHMOND

State

VA

Zip Code

23226-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106078

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES C. SMITH

Mailing Address 6037 21ST AVENUE N.

City

SAINT PETERSBURG

State

FL

Zip Code

33710-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108402

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. KAREN M. SMITH

Mailing Address 2955 ZELL DR.

City

LAGUNA BEACH

State

CA

Zip Code

92651-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125564

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 676 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LAWRENCE SMITH

Mailing Address 1155 MALABAR RD NE
STE 10

City State Zip Code
PALM BAY FL 32907-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119588

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LESLIE ROUDA SMITH

Mailing Address 6505 CASTLEMERE DR.

City State Zip Code
PLANO TX 75093-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRUDENTIAL TEXAS PROPERTI-
ES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

C.E.O.

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115724

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. LINDA S. SMITH

Mailing Address 947 TIVERTON AVENUE
APARTMENT 350

City State Zip Code
LOS ANGELES CA 90024-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

NONE

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108621

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LINDA S. SMITH

Mailing Address 947 TIVERTON AVENUE
APARTMENT 350

City State Zip Code
LOS ANGELES CA 90024-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118453

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MERRILL G. SMITH

Mailing Address 7420 COUNTRY COMMONS LN.

City State Zip Code
SYLVANIA OH 43560-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097600

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. SUSAN D. SMITH

Mailing Address 3636 BLAKEFORD WAY

City State Zip Code
MARIETTA GA 30062-5392

FEC ID number of contributing
federal political committee.

C

Name of Employer
GEORGE CORNWELL ELECTRIC

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106163

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILFRED SMITH

Mailing Address 1973 SKYLINE TER

City

ESCONDIDO

State

CA

Zip Code

92027-4726

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120738

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES T. SMYTHE

Mailing Address 511 E. MAIN STREET

City

MURFREESBORO

State

TN

Zip Code

37130-3938

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. SMYTHE LEASING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122628

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CHARLOTTE A. SNEAD

Mailing Address RR 1 BOX 571A

City

MOUNT CLARE

State

WV

Zip Code

26408-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122689

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARGO M. SNOW

Mailing Address 1119 COUNTY RD 7

City

TYLER

State

MN

Zip Code

56178

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123736

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SANDRA G. SOCKWELL

Mailing Address 4266 SAN FELIPE ROAD

City

BULLHEAD CITY

State

AZ

Zip Code

86429-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112250

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SANDRA G. SOCKWELL

Mailing Address 4266 SAN FELIPE ROAD

City

BULLHEAD CITY

State

AZ

Zip Code

86429-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125005

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALFRED M. SODERSTROM

Mailing Address 7313 S. TAMARAC STREET

City

CENTENNIAL

State

CO

Zip Code

80112-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095191

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ELIZABETH SOLANO

Mailing Address 211 NEW BRITAIN RD. STE. 105

City

BERLIN

State

CT

Zip Code

06037-3167

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098315

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MEHRZAD SOLEIMANI

Mailing Address 11328 S VERMONT AVE

City

LOS ANGELES

State

CA

Zip Code

90044-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
JIM DANDY FAST FOODS

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111899

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. NADER SOLIMAN

Mailing Address 22905 DAVIS MILL RD

City

GERMANTOWN

State

MD

Zip Code

20876-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091498

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES SOLOMON

Mailing Address 725 W GRANADA BLVD
44

City

ORMOND BEACH

State

FL

Zip Code

32174-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEAVITT MEDICAL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099696

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GORDON LINN SOLT

Mailing Address 244 VILLA RD

City

TWIN FALLS

State

ID

Zip Code

83301-8030

FEC ID number of contributing
federal political committee.

C

Name of Employer
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
VOLUNTEER DRIVER

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13118015

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DRIVE

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13113282

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LORRAINE THERESA SOMMER

Mailing Address 6091 LINNEAL BEACH DRIVE

City

APOPKA

State

FL

Zip Code

32703-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118353

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JON M. SONSTREOM

Mailing Address 1600 WAPITI CIRCLE
UNIT 19

City

ESTES PARK

State

CO

Zip Code

80517-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099328

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MILES H. SONSTEGAARD

Mailing Address 1435 N LUNSFORD AVE

City

FAYETTEVILLE

State

AR

Zip Code

72701-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13118583

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JEFFREY M. SORENSON

Mailing Address 6325 HUMPHREYS BLVD

City

MEMPHIS

State

TN

Zip Code

38120-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102193

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARVIN L. SOUTH

Mailing Address 1113 COMMUNITY DR

City

SPRINGFIELD

State

IL

Zip Code

62703-5390

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096091

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. MARVIN L. SOUTH

Mailing Address **1113 COMMUNITY DR**

City State Zip Code
SPRINGFIELD IL 62703-5390

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 02 / 2009

Transaction ID: **SA11.13096197**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MARVIN L. SOUTH

Mailing Address **1113 COMMUNITY DR**

City State Zip Code
SPRINGFIELD IL 62703-5390

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2009

Transaction ID: **SA11.13130577**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. LOUIS SPAGNOLETTI

Mailing Address **1001 LINCOLN DR W A**

City State Zip Code
MARLTON NJ 08053-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
 BEST EFFORTS**

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 08 / 2009

Transaction ID: **SA11.13098325**

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. PATRICIA H. SPAHR

Mailing Address 128 DOUGLAS LANE

City

PUEBLO

State

CO

Zip Code

81001-1374

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124922

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. W. SPALDING, JR.

Mailing Address 6900 OVERHILL ROAD

City

PRAIRIE VILLAGE

State

KS

Zip Code

66208-2769

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105759

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. SPANJERS, SR.

Mailing Address 7658 MARINER POINT

City

MAPLE GROVE

State

MN

Zip Code

55311-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.J. SPANJERS COMPANY, IN-
C.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120697

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROY M. SPARKS

Mailing Address 1115 SADDLEBROOK DRIVE

City

MCKINNEY

State

TX

Zip Code

75070-6347

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

IT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 9

Transaction ID: SA11.13112674

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GAYLYNN SPEAS

Mailing Address 410 W 10TH AVE. STE. 1148

City

COLUMBUS

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091495

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. SPEER

Mailing Address 900 E. CRESTVIEW DRIVE

City

FARMINGTON

State

NM

Zip Code

87401-9111

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117441

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HARRY SPENCE

Mailing Address 13048 SOMERSET DR

City

GRASS VALLEY

State

CA

Zip Code

95945-9729

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107367

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LESLIE SPENCER

Mailing Address 908 N ELM ST
STE 300

City

HINSDALE

State

IL

Zip Code

60521-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094114

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEPHEN SPENCER

Mailing Address 1506 FAWN LN

City

POTTSTOWN

State

PA

Zip Code

19465-7869

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124792

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ALLAN SPIEGEL

Mailing Address 31608 US HIGHWAY 19 N

City

PALM HARBOR

State

FL

Zip Code

34684-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125532

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS J. SPIEL

Mailing Address 1921 OAK TREE RD

City

EDISON

State

NJ

Zip Code

08820-2073

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098323

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDMUND SPOLETI

Mailing Address 48 JAMES ST

City

NEW CITY

State

NY

Zip Code

10956-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105966

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDMUND SPOLETI

Mailing Address 48 JAMES ST

City

NEW CITY

State

NY

Zip Code

10956-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113406

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT R. SPOTTS

Mailing Address 301 CAMBOUT ST

City

COLUMBIA

State

SC

Zip Code

29210-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101177

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT R. SPOTTS

Mailing Address 301 CAMBOUT ST

City

COLUMBIA

State

SC

Zip Code

29210-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120719

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RALPH ST. JOHN

Mailing Address 12736 NORTHERN BLVD.

City

FLUSHING

State

NY

Zip Code

11368-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOHN ENTERPRISES INC.

Occupation

GEN. CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121793

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EDWARD P. STACK

Mailing Address MICHIGAN VISION INSTITUTE
4281 LENNON RD

City

FLINT

State

MI

Zip Code

48507-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127032

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DIAN GRAVES STAI

Mailing Address 400 PINE STREET
SUITE 1000

City

ABILENE

State

TX

Zip Code

79601-5142

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIAN GRAVES OWEN FOUNDATI-
ON

Occupation

FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133578

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BUTCH STALLINGS

Mailing Address 3500 HIGGINS ROAD

City

MOBILE

State

AL

Zip Code

36619-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101701

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CHRISTINE E. STANEK

Mailing Address 5416 305TH ST

City

TOLEDO

State

OH

Zip Code

43611-2659

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CLEANS (HOUSKEEPING)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101129

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CHRISTINE E. STANEK

Mailing Address 5416 305TH ST

City

TOLEDO

State

OH

Zip Code

43611-2659

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CLEANS (HOUSKEEPING)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121903

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RUCHELMAN STANLEY

Mailing Address 706 RAYS COURT

City

NESHANIC STATION

State

NJ

Zip Code

08853-4085

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE RUCHELMAN LAW FIRM

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111401

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WALTER G. STANWOOD

Mailing Address 95 TREMONT STREET
SUITE 1

City

DUXBURY

State

MA

Zip Code

02332-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13130030

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LOUISE K. STARBUCK

Mailing Address 411 STONEBRIDGE DRIVE

City

AMHERST

State

OH

Zip Code

44001-1483

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124933

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALEXANDER STARR

Mailing Address 71 W 156TH ST
401

City State Zip Code
HARVEY IL 60426-4265

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13109888

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID H. STASHIK

Mailing Address 1507 EDITH STREET

City State Zip Code
BERKELEY CA 94703-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 9

Transaction ID: SA11.13097993

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID H. STASHIK

Mailing Address 1507 EDITH STREET

City State Zip Code
BERKELEY CA 94703-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127110

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL W. STEEN

Mailing Address 5306 CENTURY OAKS DR.

City

GREENSBORO

State

NC

Zip Code

27455-2187

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB & T

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122570

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ALVIN STEIN

Mailing Address 3601 HEMPSTEAD TPKE
STE 421

City

LEVITTOWN

State

NY

Zip Code

11756-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer
ISLAND ONCOLOGY HEMATOLOGY
ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095647

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JEFFERY STEINKAMP

Mailing Address P.O. BOX 98

City

ROCHESTER

State

VT

Zip Code

05767-0098

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097109

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. VINCENT G. STENGER

Mailing Address 4901 CLARK RD

City

SARASOTA

State

FL

Zip Code

34233-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.13104845

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ALBERT A. STERLING, JR.

Mailing Address 6138 INWOOD DR

City

HOUSTON

State

TX

Zip Code

77057-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALBERT STERLING & ASSOC
INC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
SALES

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2009

Transaction ID: SA11.13109011

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HARRISON C. STETLER

Mailing Address 3957 HOLCOMB BRIDGE RD # 100

City

NORCROSS

State

GA

Zip Code

30092-5244

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11.13123689

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. IMOGENE STEVENS

Mailing Address 22911 MIRIAM WAY

City

GRAND TERRACE

State

CA

Zip Code

92313-5222

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108233

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. IMOGENE STEVENS

Mailing Address 22911 MIRIAM WAY

City

GRAND TERRACE

State

CA

Zip Code

92313-5222

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127047

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOAN STEVENSON

Mailing Address 2724 PEACHTREE RD.N.W.

City

ATLANTA

State

GA

Zip Code

30305-2998

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13134314

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 / 1070

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SID STEVENS

Mailing Address 1702 S TEXAS AVE

City

BRYAN

State

TX

Zip Code

77802-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107394

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. W. R. STEVENSON

Mailing Address 5564 MONTEREY DR

City

FRISCO

State

TX

Zip Code

75034-4090

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101137

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD STEWART

Mailing Address 16575 VILLAGE DR

City

HOUSTON

State

TX

Zip Code

77040-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CONSTRUCTION OWNER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130669

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KEVIN STEWART

Mailing Address 8 KITTREDGE RD

City

MONT VERNON

State

NH

Zip Code

03057-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106260

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ALDEN E. STILSON, JR.

Mailing Address 177 GLYN CARIN LANE

City

GRANVILLE

State

OH

Zip Code

43023-9018

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108431

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. R STODDARD

Mailing Address PO BOX 8262

City

YAKIMA

State

WA

Zip Code

98908-0262

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125486

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. GEORGE STOEV

Mailing Address 526 HALLE PARK DR

City

COLLIERVILLE

State

TN

Zip Code

38017-7085

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120667

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JOYCE N. STOKES

Mailing Address P.O. BOX 755

City

SHADY COVE

State

OR

Zip Code

97539-0755

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110051

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. SPENCER STOKES

Mailing Address 4259 SKYLINE DRIVE

City

OGDEN

State

UT

Zip Code

84403-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer
STOKES STRATEGIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

GOVERNMENT RELATIONS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111425

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DALE V. STOLZENBERG

Mailing Address HC 72, BOX 10

City

CROOKSTON

State

NE

Zip Code

69212-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER & RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106080

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HARPER STONE

Mailing Address 970 LAKE LAND DR
STE 61

City

JACKSON

State

MS

Zip Code

39216-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098422

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LISA ANN STONE

Mailing Address 414 TEXAS POINT

City

SAN ANTONIO

State

TX

Zip Code

78260-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113272

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROGER W. STONE

Mailing Address 1101 SKOKIE BLVD.
SUITE 300

City State Zip Code
NORTHBROOK IL 60062-4124

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAPSTONE PAPER AND PACKAG-
ING CORPORATI

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2009

Transaction ID: SA11.13110195

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD F. STORM

Mailing Address 900 COLONIAL DR

City State Zip Code
ALBEMARLE NC 28001-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2009

Transaction ID: SA11.13095110

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. THERESA V. STOY

Mailing Address 3602 AUGUSTA DR

City State Zip Code
COLUMBIA MO 65203-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11.13112164

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ROSEMARY STRAVINO

Mailing Address 182 CENTRAL AVE

City

LYNBROOK

State

NY

Zip Code

11563-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133955

Amount of Each Receipt this Period

10.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LISA K. STRAWSER

Mailing Address 1020 THOMPSON ST

City

JERSEY SHORE

State

PA

Zip Code

17740-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095630

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. YOLANDE H. STRAWINSKI

Mailing Address 1130 SYLVAN PLACE

City

MONTEREY

State

CA

Zip Code

93940-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INS. CO

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101653

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 703 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. YOLANDE H. STRAWINSKI

Mailing Address 1130 SYLVAN PLACE

City

MONTEREY

State

CA

Zip Code

93940-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INS. CO

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112048

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RONALD R. STREKO

Mailing Address 1651 GUNBARREL RD
302

City

CHATTANOOGA

State

TN

Zip Code

37421-3291

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115613

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DON STRICK

Mailing Address 1979 TOWER BRIDGE TER

City

SAINT LOUIS

State

MO

Zip Code

63146-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOSEPH HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122666

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. E STRICKLAND

Mailing Address 1816 MARTHAS BRIDGE RD

City

DALTON

State

GA

Zip Code

30720-3870

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH GEORGIA RADIOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099758

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WALTER STRICKLAND

Mailing Address 663 GOOD SPRINGS ROAD

City

BRENTWOOD

State

TN

Zip Code

37027-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer

STRICKLAND PRODUCE

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115738

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. B. STRIPLIN

Mailing Address 665 UPPER KINGSTON RD.

City

PRATTVILLE

State

AL

Zip Code

36067-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123785

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. HELEN L. STROBI

Mailing Address 2600 S HERITAGE WOODS DR
B108

City State Zip Code
APPLETON WI 54915-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116148

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM E. STRONG

Mailing Address 1054 E 1045 N

City State Zip Code
OREM UT 84097-5456

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122322

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. NATHANIEL W. STROUP

Mailing Address 110 ARLINGTON AVE

City State Zip Code
PETOSKEY MI 49770-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097132

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 706 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID W. STUTSMAN

Mailing Address 30211 ROAD 220

City

EXETER

State

CA

Zip Code

93221-9546

FEC ID number of contributing
federal political committee.

C

Name of Employer
STUTSMAN RANCHES

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108155

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ARAGAM K. SUBRAMANYA

Mailing Address 320 BOLTON ST
SUITE 102

City

MARLBOROUGH

State

MA

Zip Code

01752-3980

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096678

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JEFF SULLIVAN

Mailing Address 6316 DYSART CIRCLE

City

DALLAS

State

TX

Zip Code

75214-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIPLE/S DYNAMICS

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11.13105392

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 1070

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL SULLIVAN

Mailing Address 76 COUNTRY CLUB WAY

City

IPSWICH

State

MA

Zip Code

01938-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMFORT FOODS

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106646

Amount of Each Receipt this Period

350.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. THOMAS J. SULTENFUSS

Mailing Address 1022 MAIN ST
R

City

DUNEDIN

State

FL

Zip Code

34698-5225

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098467

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105994

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120110

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT SURPRISE

Mailing Address 10720 AMES STREET

City

FAIRFAX

State

VA

Zip Code

22032-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANTECH INT'L

Occupation
SECURITY TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13112632

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT SURPRISE

Mailing Address 10720 AMES STREET

City

FAIRFAX

State

VA

Zip Code

22032-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANTECH INT'L

Occupation
SECURITY TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125348

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MELINDA A. SWANSON

Mailing Address 10885 N 78TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85260-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095713

Amount of Each Receipt this Period

760.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MICHAELENE SWARTZ

Mailing Address 113 LANDSDOWN

City

WILLIAMSBURG

State

VA

Zip Code

23188-7425

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125605

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROY P. SWEENEY

Mailing Address 1132 S BRISTOL ST

City

SANTA ANA

State

CA

Zip Code

92704-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099688

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN P. SWEET

Mailing Address 41-45 DIETZ ST

City

ONEONTA

State

NY

Zip Code

13820-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11.13095626

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. SWICK

Mailing Address 14136 BLUEBIRD LANE

City

HOUSTON

State

TX

Zip Code

77079-6836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.13106466

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. SWICK

Mailing Address 14136 BLUEBIRD LANE

City

HOUSTON

State

TX

Zip Code

77079-6836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2009

Transaction ID: SA11.13121274

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LEONARD SWISTAK

Mailing Address 1525 UNIVERSITY DR

City

AUBURN HILLS

State

MI

Zip Code

48326-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120683

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. SWITZER

Mailing Address 205 SAND DOLLAR COVE

City

SNEADS FERRY

State

NC

Zip Code

28460-9114

FEC ID number of contributing
federal political committee.

C

Name of Employer
COASTAL COMMUNITY COLLEGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

TEACHER

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13108939

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DON SWORTWOOD

Mailing Address 2563 CALLE DEL ORO

City

LA JOLLA

State

CA

Zip Code

92037-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN STATES INVESTMENT
CORP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INVESTOR

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125932

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 712 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT SYDOW

Mailing Address 528 21ST ST

City

MANHATTAN BEACH

State

CA

Zip Code

90266-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124764

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ERIC A. TALLARICO

Mailing Address 5719 WIDEWATERS PKWY
FLOOR 2

City

DE WITT

State

NY

Zip Code

13214-1987

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094089

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ERIC V. TALLBERG

Mailing Address 3425 NW COUNTRY LANE

City

TOPEKA

State

KS

Zip Code

66618-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101624

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JONATHAN TAM

Mailing Address 1118 S GARFIELD AVE
202

City State Zip Code
ALHAMBRA CA 91801-4795

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11.13111142

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. OSCAR A. TAMEZ

Mailing Address 2300 ROUND ROCK AVE
#203

City State Zip Code
ROUND ROCK TX 78681-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: SA11.13100571

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. OSCAR A. TAMEZ

Mailing Address 2300 ROUND ROCK AVE
#203

City State Zip Code
ROUND ROCK TX 78681-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11.13123627

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. OSCAR A. TAMEZ

Mailing Address 2300 ROUND ROCK AVE
#203

City State Zip Code
ROUND ROCK TX 78681-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127035

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CHEE TAN

Mailing Address 200 N MINNESOTA AVE
APT 33

City State Zip Code
GLENDDORA CA 91741-6915

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ANESTHESIOLOGY

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13144029

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

STEVE TARVIN

Mailing Address PO BOX

City State Zip Code
CHICKAMAUGA GA 30707

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRYSTAL SPRINGS PRINT WO-
RKS, INC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

TEXTILE

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096765

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

-150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES TASHJIAN

Mailing Address 56 DARTMOUTH ST

City

MEDFORD

State

MA

Zip Code

02155-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098854

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES TASHJIAN

Mailing Address 56 DARTMOUTH ST

City

MEDFORD

State

MA

Zip Code

02155-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123992

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WALTER A. TATE

Mailing Address 9225 TALBERT AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094890

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WALTER A. TATE

Mailing Address 9225 TALBERT AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101238

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WALTER A. TATE

Mailing Address 9225 TALBERT AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113380

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SERGIO TAVARES

Mailing Address 601 TEXAN TRL
205

City

CORPUS CHRISTI

State

TX

Zip Code

78411-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120686

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 717 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. AZMI TAWADROS

Mailing Address 5283 BELLS FERRY RD
200

City State Zip Code
ACWORTH GA 30102-7566

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099678

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. BARBARA TAYLOR

Mailing Address 2 RIVER BEND CIR

City State Zip Code
EXETER NH 03833-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 9

Transaction ID: SA11.13107218

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CATHY TAYLOR

Mailing Address PO BOX 943

City State Zip Code
CHANUTE KS 66720-0943

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104838

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES A. TAYLOR

Mailing Address PO BOX 609

City

LIVINGSTON

State

LA

Zip Code

70754-0609

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102112

Amount of Each Receipt this Period

175.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JANE D. TAYLOR

Mailing Address 1033 S FRANKLAND RD

City

TAMPA

State

FL

Zip Code

33629-5139

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100732

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. TAYLOR

Mailing Address 233 ROSS AVENUE

City

HACKENSACK

State

NJ

Zip Code

07601-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13113474

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL A. TEAGUE

Mailing Address 8425 CUMBERLAND PLACE

City

BATON ROUGE

State

LA

Zip Code

70806-6544

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123695

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROY TEEL JR

Mailing Address 6967 S 66TH E AVE STE B

City

TULSA

State

OK

Zip Code

74133-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
SJM INVESTMENTS LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT & C.E.O.

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125373

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JERRY TEESON

Mailing Address 2970 122ND AVENUE NW

City

COON RAPIDS

State

MN

Zip Code

55433-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

REAL ESTATE AGENT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113266

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ALAN TELL

Mailing Address 140 PROSPECT AVE
STE 7

City State Zip Code
HACKENSACK NJ 07601-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102099

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MANUEL TELLEZ

Mailing Address 3450 W WHEATLAND RD
325

City State Zip Code
DALLAS TX 75237-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL INTERNAL MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091482

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES BARRY TEMPLE

Mailing Address 2851 CROOKED WASH DRIVE

City State Zip Code
LOVELAND CO 80538-7272

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13126969

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JEFFREY C. TERRY

Mailing Address 1240 JESSE JEWELL PKWY SE
500

City	State	Zip Code
GAINESVILLE	GA	30501-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13096723

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RALPH THARP

Mailing Address 250 BLOSSOM

City	State	Zip Code
WEBSTER	TX	77598-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13120678

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARLYS THEDINGER

Mailing Address 3000 ASHLAND AVE

City	State	Zip Code
SAINT JOSEPH	MO	64506-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: SA11.13091579

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE C. THIBODEAUX

Mailing Address 1720 N PINE ST

City

DERIDDER

State

LA

Zip Code

70634-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN APPRAISALS INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095685

Amount of Each Receipt this Period

99.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD E. THIELE

Mailing Address 1704 LAGUNA DRIVE

City

RICHMOND

State

TX

Zip Code

77406-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124035

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DEAN C. THOMAS

Mailing Address 1860 MARINA CIRCLE

City

NORTH FORT MYERS

State

FL

Zip Code

33903-5032

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMAS MARINE CONSULTING

Occupation
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100309

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

499.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 723 / 1070
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. I THOMAS

Mailing Address 3502 9TH ST STE 210

City

LUBBOCK

State

TX

Zip Code

79415-3396

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: SA11.13091483

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN N. THOMAS

Mailing Address 233 HAWTHORN STREET

City

NEW HOLLAND

State

PA

Zip Code

17557-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: SA11.13108309

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LANCE THOMAS

Mailing Address 52 DEAN ST APT 3F

City

BROOKLYN

State

NY

Zip Code

11201-6577

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAIWA SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
ACCOUNTANT

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: SA11.13122614

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BEE THOMPSON

Mailing Address 634 N GLASSELL ST.

City

ORANGE

State

CA

Zip Code

92867-6750

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124869

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES THOMPSON

Mailing Address 4225 PORT HUDSON PRIDE RD

City

ZACHARY

State

LA

Zip Code

70791-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115624

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FRANK THOMPSON

Mailing Address 209 BROAD ST

City

MANCHESTER

State

GA

Zip Code

31816-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107403

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACK L. THOMPSON

Mailing Address 3156 S CUSTER RD

City

MONROE

State

MI

Zip Code

48161-9703

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13117481

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES A. THOMPSON

Mailing Address 1136 MAYLAND LANE

City

BIRMINGHAM

State

AL

Zip Code

35216-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11.13099168

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES H. THOMPSON

Mailing Address 7718 E. WATERMARK DRIVE

City

FINDLAY

State

OH

Zip Code

45840-7709

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13101487

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 726 / 1070
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
DR. JOHN K. THOMPSON

Mailing Address 323 STEAM PLANT RD

City State Zip Code
GALLATIN TN 37066-3025FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111107

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
MR. PAUL L. THORPE

Mailing Address 517 BALDWIN AVENUE

City State Zip Code
REDLANDS CA 92374-2103FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099425

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
MR. CARL THORSEN

Mailing Address 3906 ASPEN STREET

City State Zip Code
CHEVY CHASE MD 20815-5061FEC ID number of contributing
federal political committee.**C**Name of Employer
AMERICAN CONTINENTAL GROUPOccupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13107212

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ROSE M. THROCKMORTON

Mailing Address 263 RIDGEWOOD DR

City

JASPER

State

TX

Zip Code

75951-7058

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13105921

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DUANE TIPPETS

Mailing Address 731 LEIGHTON AVE
300

City

ANNISTON

State

AL

Zip Code

36207-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122359

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SCOTT C. TISDELL

Mailing Address 800 W RANDOL MILL RD

City

ARLINGTON

State

TX

Zip Code

76012-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099755

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN B. TISSERAND

Mailing Address 202 HOPE DR

City

BOILING SPRINGS

State

PA

Zip Code

17007-9584

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097411

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSEPH R. TOBIN

Mailing Address MEDICAL CENTER BLVD

City

WINSTON SALEM

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAKE FOREST UNIVERSITY HE-
ALTH SCIENCES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123632

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID H. TOFSTED

Mailing Address PO BOX 123

City

WHITE SANDS

State

NM

Zip Code

88002-0123

FEC ID number of contributing
federal political committee.

C

Name of Employer
U. S. ARMY

Occupation
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098490

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JOANNE TOFTE

Mailing Address 1160 140TH AVE. SE

City

KERKHOVEN

State

MN

Zip Code

56252-9571

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13110030

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. TIM TOLAND

Mailing Address 4427 TALMADGE

City

TOLEDO

State

OH

Zip Code

43623-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAVAOE ASSOC INC

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107515

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ALFONSO O. TOLENTINO

Mailing Address 4308 ALTON RD SUITE 910

City

MIAMI BEACH

State

FL

Zip Code

33140-4560

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123648

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DENNIS TOMASO

Mailing Address 128 DOGWOOD CIRCLE

City

PINE KNOLL SHORES

State

NC

Zip Code

28512-6133

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122609

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. EMMA TOOTHILL

Mailing Address 7700 N. PALMER FISHHOOK ROAD

City

PALMER

State

AK

Zip Code

99645-8026

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107597

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PAVLE TOPALOVIC

Mailing Address 220 HAMBURG TPKE
STE 20

City

WAYNE

State

NJ

Zip Code

07470-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098597

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LEONARD J. TOROK, M.D.

Mailing Address

City

MEDINA

State

OH

Zip Code

44256

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130701

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

NILDA ADRIANA TORRES

Mailing Address 9405 OLD CUTLER LANE

City

CORAL GABLES

State

FL

Zip Code

33156-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111480

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARINA TOURKOVA

Mailing Address 145 MAIN ST FIRST FLOOR

City

HACKENSACK

State

NJ

Zip Code

07601-8108

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

GERIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094123

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GERALD C. TOUSEY

Mailing Address 59392 E 288 CT

City

GROVE

State

OK

Zip Code

74344-7735

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117336

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. SHERRILL TOWERY

Mailing Address 345 LAKEVIEW DR

City

VICTORIA

State

TX

Zip Code

77905-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOWERY CHIROPRACTIC

Occupation
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122587

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID B. TOWNSEND

Mailing Address 8819 RAYSON LN

City

TINLEY PARK

State

IL

Zip Code

60487-8433

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095633

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SGT. WILLIAM J. TOWNSEND

Mailing Address 6106 VANCE JACKSON RD.
APT. 12CCity State Zip Code
SAN ANTONIO TX 78230-3373FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120164

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEVE J. TOZON

Mailing Address 643 URSULA DR

City State Zip Code
OXNARD CA 93030-7616FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127084

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SCOTT W. TRENHAILE

Mailing Address 324 ROXBURY RD

City State Zip Code
ROCKFORD IL 61107-5090FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091491

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JOHN T. TRIANTAFYLLOS

Mailing Address 1221 PLEASANT ST
SUITE A100

City State Zip Code
DES MOINES IA 50309-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124797

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. RYAN TRIPLETTE

Mailing Address 1512 KINGMAN PLACE, NW
INTEL

City State Zip Code
WASHINGTON DC 20005-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEL

Occupation

DIRECTOR OF GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115715

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARK TSAI

Mailing Address 16415 COLORADO AVE
101

City State Zip Code
PARAMOUNT CA 90723-5051

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115631

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PETER TSAI

Mailing Address 205 MARION PIKE

City

COAL GROVE

State

OH

Zip Code

45638-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED FAMILY MEDICAL
CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100495

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MORDOKHAY I. TSIMRING

Mailing Address 2542 E. 11TH STREET
APARTMENT 1

City

BROOKLYN

State

NY

Zip Code

11235-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13103980

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. STEFANIE TUGAW-MADSEN

Mailing Address 6351 W 4425 S

City

HOOPER

State

UT

Zip Code

84315-9810

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091774

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ANN LEE TURNER

Mailing Address P.O. BOX 7163

City

BRANSON

State

MO

Zip Code

65615-7163

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13101196

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ANN LEE TURNER

Mailing Address P.O. BOX 7163

City

BRANSON

State

MO

Zip Code

65615-7163

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13129915

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JON R. TURNER

Mailing Address 501 RIDEGEMONT AVENUE

City

SAN ANTONIO

State

TX

Zip Code

78209-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
TETCO, INC.

Occupation
OWNER/SHAREHOLDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13104974

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1295.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARTHA H. TURNEY

Mailing Address 1361 E. BOOT ROAD # 265

City

WEST CHESTER

State

PA

Zip Code

19380-5988

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120008

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. TURNER

Mailing Address 41 PLANTATION PARK DR
STE 200

City

BLUFFTON

State

SC

Zip Code

29910-6099

FEC ID number of contributing
federal political committee.

C

Name of Employer
TURNER ELECTRICAL OF SC

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121218

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHANNON TURNER

Mailing Address 501 RIDGEMONT AVENUE

City

SAN ANTONIO

State

TX

Zip Code

78209-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13104975

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

F. K. TURNQUIST

Mailing Address 1707 GOUGH ST

City

SAN FRANCISCO

State

CA

Zip Code

94109-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer
CITILAND INVESTMENT CORP

Occupation

REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13124064

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL E. TYLER

Mailing Address 258 RAVENSCLIFF RD

City

WAYNE

State

PA

Zip Code

19087-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.13116861

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. GARY R. TYLOCK

Mailing Address 3100 N MACARTHUR BLVD

City

IRVING

State

TX

Zip Code

75062-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: SA11.13107506

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 739 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL TYRHOLM

Mailing Address 3703 COLLIER LN

City

KLAMATH FALLS

State

OR

Zip Code

97603-9644

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098408

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SCOTT A. TYSON

Mailing Address PO BOX 501

City

NASHVILLE

State

NC

Zip Code

27856-0501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
TOBACCO FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122650

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SHIE-PON TZUNG, M.D.

Mailing Address 1135 116TH AVE NE
560

City

BELLEVUE

State

WA

Zip Code

98004-4631

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST GASTROENTEROLOGY
ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107415

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. IRMGARD A. ULLIUS

Mailing Address 2832 AIRPORT ROAD

City

PANAMA CITY

State

FL

Zip Code

32405-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127268

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM A. UNIS

Mailing Address 77 PONDFIELD RD

City

BRONXVILLE

State

NY

Zip Code

10708-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105451

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NARENDRA UPADHYAYA

Mailing Address 2301 N UNIVERSITY DR
STE 106

City

PEMBROKE PINES

State

FL

Zip Code

33024-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPA CADIOLOGYOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111150

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. URBAN

Mailing Address 6685 ROXBURY LN

City

MIAMI BEACH

State

FL

Zip Code

33141-4532

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125675

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LAURIE URBIGKIT

Mailing Address PO BOX 1493

City

RIVERTON

State

WY

Zip Code

82501-0194

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACMS REALTY

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13125933

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JAAKKO UURANNIEMI

Mailing Address 4621 S. OCAN BLVD

City

HIGHLAND BEACH

State

FL

Zip Code

33487-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXDEL COROPORATION

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117458

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. KAREN VALENTINE-POND

Mailing Address 418 E. UNIVERSITY

City

LARAMIE

State

WY

Zip Code

82072-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALENTINE REAL ESTATE

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13114656

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KARL J. VALENTINE

Mailing Address 2754 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096739

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE L. VAN CLEAVE

Mailing Address 6504 VIRGINIA ST SE

City

LACEY

State

WA

Zip Code

98513-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128827

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. MILDRED N. VAN GORDEN

Mailing Address **780 BROWN DRIVE**

City State Zip Code
CHARLESTON SC 29412-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 08 / 2009

Transaction ID: SA11.13101098

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. SONDR A VAN PELT

Mailing Address **PO BOX 115**

City State Zip Code
HORDVILLE NE 68846-0115

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

09 / 24 / 2009

Transaction ID: SA11.13119549

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JEAN B. VANVOLKENBURGH

Mailing Address **3205 FLEET LANDING BLVD**

City State Zip Code
ATLANTIC BEACH FL 32233-7507

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
 BEST EFFORTS**

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2009

Transaction ID: SA11.13116834

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 744 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MARIA VARGAS

Mailing Address 12007 ELLERBE RD

City

SHREVEPORT

State

LA

Zip Code

71115-9569

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOTAL YARD CARE INC

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124891

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES C. VARNER

Mailing Address 391 SOUTHCREST CIRCLE

City

SOUTHAVEN

State

MS

Zip Code

38671-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100545

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BETSY VASQUEZ

Mailing Address 46090 LAKE CENTER PLZ
SUITE 104

City

STERLING

State

VA

Zip Code

20165-5877

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOUDOUN EAR, NOSE AND THR-
OAT SPECIALIS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095679

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 745 / 1070

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE P. VAUGHN

Mailing Address 745 E. MULBERRY #601

City

SAN ANTONIO

State

TX

Zip Code

78212-3167

FEC ID number of contributing
federal political committee.

C

Name of Employer
RVK ARCHITECTS

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13095550

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

REFUND ISSUED

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE P. VAUGHN

Mailing Address 745 E. MULBERRY #601

City

SAN ANTONIO

State

TX

Zip Code

78212-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
RVK ARCHITECTS

Occupation

ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.13113275

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. NICHOLAS R. VAY

Mailing Address 77 E MISSOURI AVE
UNIT 20

City

PHOENIX

State

AZ

Zip Code

85012-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIMAC CONSULTING & MGMT

Occupation

MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096518

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JANICE VEASEY

Mailing Address 22467 GRAVEL HILL RD

City

GEORGETOWN

State

DE

Zip Code

19947-6576

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100458

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JANICE VEASEY

Mailing Address 22467 GRAVEL HILL RD

City

GEORGETOWN

State

DE

Zip Code

19947-6576

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13113097

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FIDEL VELEZ

Mailing Address 1903 ACHESON AVE

City

NORTH APOLLO

State

PA

Zip Code

15673-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111160

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS VELKY

Mailing Address PO BOX 262

City

RANCHO SANTA FE

State

CA

Zip Code

92067-0262

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098489

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN A. VENERIS

Mailing Address 1001 OGDEN AVE.

City

DOWNERS GROVE

State

IL

Zip Code

60515-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer
REALTY EXECUTIVES-PRO/TEAM

Occupation
BROKER-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094361

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE J. VERNON

Mailing Address 1114 ANNE ST

City

HOUSTON

State

TX

Zip Code

77055-7416

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100306

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS VILLANO

Mailing Address 11516 STARDUST LN

City

ELLICOTT CITY

State

MD

Zip Code

21042-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122712

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ALIX L. VINCENT

Mailing Address 3 SEA COVE LN

City

NEWPORT BEACH

State

CA

Zip Code

92660-6221

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INTERNAL MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13102131

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICK VIOLETT

Mailing Address 4897 MAIN ST

City

YORBA LINDA

State

CA

Zip Code

92886-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
INVESTMENT BROKERS OF ORG
COUNTY

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105742

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LORNA VITALE

Mailing Address 144 STPHENSON BLVD

City

NEW ROCHELLE

State

NY

Zip Code

10801-4444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL CENTER

Occupation
NURSE/RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116617

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GUY R. VOELLER

Mailing Address 50 HUMPHREYS CTR STE. 30

City

MEMPHIS

State

TN

Zip Code

38120-2369

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
SURGERY - GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13104842

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

HOWARD F. VOIGT

Mailing Address 9080 EMERSON DR

City

SALINE

State

MI

Zip Code

48176-8007

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123988

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CHARLOTTE VOISIN

Mailing Address 134 WEDGEWOOD CT

City

HOUMA

State

LA

Zip Code

70363-7649

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112173

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EMILY E. VOLK

Mailing Address 44201 DEQUINDRE RD

City

TROY

State

MI

Zip Code

48085-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAM BEAUMONT HOSPITAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112784

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JONATHAN G. VUKOVICH

Mailing Address 16 WOODMERE DR

City

DOTHAN

State

AL

Zip Code

36305-9355

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095680

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. TIMOTHY R. WACKER

Mailing Address 550 ORCHARD PARK RD
SUITE A101

City State Zip Code
WEST SENECA NY 14224-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112795

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID I. WADDELL

Mailing Address 1050 RIVER OAKS DR. STE. 200

City State Zip Code
FLOWOOD MS 39232-9564

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099706

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ARLYN WADHOLM

Mailing Address 8951 32ND ST NW

City State Zip Code
NEW TOWN ND 58763-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124952

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THEODORE A. WAFLART

Mailing Address 939 MEMORIAL DR

City

JASPER

State

IN

Zip Code

47546-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098335

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. DARLA WAGENLEITNER

Mailing Address 946 N. MONROE AVENUE

City

FRESNO

State

CA

Zip Code

93723-9676

FEC ID number of contributing
federal political committee.

C

Name of Employer
DART FARMS, INC.Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11.13111405

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DARLA WAGENLEITNER

Mailing Address 946 N. MONROE AVENUE

City

FRESNO

State

CA

Zip Code

93723-9676

FEC ID number of contributing
federal political committee.

C

Name of Employer
DART FARMS, INC.Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13115740

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARLAN L. WAHL

Mailing Address 8315 FAIRWAY LN

City

ROGERS

State

AR

Zip Code

72756-8079

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUTTON CONTRACTING CO INC

Occupation

V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127792

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELEANOR B. WAITE

Mailing Address 16655 LAKE CIRCLE DRIVE

City

STRONGSVILLE

State

OH

Zip Code

44136-2470

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106445

Amount of Each Receipt this Period

12.50

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN WALKER

Mailing Address P.O. BOX G

City

MERRILL

State

OR

Zip Code

97633-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106467

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

312.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LARRY WALKER

Mailing Address 1559 FISHBURN AVENUE

City

LOS ANGELES

State

CA

Zip Code

90063-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
HONEY CO

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125693

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ROSEMARY S. WALKER

Mailing Address 6325 HALIFAX RD

City

FORT WORTH

State

TX

Zip Code

76116-2068

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112409

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM G. WALL

Mailing Address 16802 E CALEY AVE

City

CENTENNIAL

State

CO

Zip Code

80016-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13094943

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM WALLACE, JR.

Mailing Address 300 W. AVENUE F.

City

TEMPLE

State

TX

Zip Code

76504-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117020

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES A. WALSH

Mailing Address 21 TUPELO RD

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928-5911

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122352

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL WALSH

Mailing Address 1900 10TH AVE
STE 100

City

COLUMBUS

State

GA

Zip Code

31901-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107396

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS R. WALSH

Mailing Address 611 N LINDSAY ST
#100

City State Zip Code
HIGH POINT NC 27262-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095729

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BRUCE W. WALTERS

Mailing Address 5065 MORETT CT

City State Zip Code
BRIGHTON MI 48116-4788

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095627

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANK D. WALTERSCHEID

Mailing Address 1323 DONNA COURT
APARTMENT 103

City State Zip Code
MERCED CA 95340-0776

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF CALIFORNIA

Occupation
POLICE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13121901

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES O. WALTERS

Mailing Address 1802 FOX POINT CIRCLE

City

PORT BYRON

State

IL

Zip Code

61275-9585

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096127

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE F. WAMBOLD

Mailing Address PO BOX 510419

City

KEY COLONY BEACH

State

FL

Zip Code

33051-0419

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125588

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HERMAN I. WARD

Mailing Address 427 IRA WARD LN

City

GAINESVILLE

State

TX

Zip Code

76240-0962

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124914

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM B. WARDEN

Mailing Address 4332 ALFRIENDS TRAIL

City

VIRGINIA BEACH

State

VA

Zip Code

23455-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111983

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BRADLEY W. WARGO

Mailing Address 2831 LONE OAK RD

City

PADUCAH

State

KY

Zip Code

42003-8041

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123728

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN B. WASKOW

Mailing Address 209 S NEVADA AVE

City

COLORADO SPRINGS

State

CO

Zip Code

80903-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123690

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. M. KAY WATSON

Mailing Address 6025 S. QUEBEC STREET
SUITE 100

City State Zip Code
ENGLEWOOD CO 80111-4549

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13110198

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MISS JANE WATTS

Mailing Address 94 EUCALYPTUS KNOLL ST

City State Zip Code
MILL VALLEY CA 94941-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128677

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM G. WAY, JR.

Mailing Address 7713 OAKMOUNT PLACE

City State Zip Code
RALEIGH NC 27615-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123614

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JUSTIN M. WEATHERALL

Mailing Address 449 E 14TH ST
APT 12E

City State Zip Code
NEW YORK NY 10009-2736

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13096677

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JODY R. WEBB

Mailing Address 130 SUMMER SHADE LN

City State Zip Code
CLAYTON GA 30525-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
J D S SCHEER

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117732

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PAUL F. WEBER

Mailing Address 8333 SEMINOLE BLVD.
APARTMENT 539

City State Zip Code
SEMINOLE FL 33772-4362

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117212

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MARTIN WEIL

Mailing Address 1265 UPPER HEMBREE RD
100

City State Zip Code
ROSWELL GA 30076-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120682

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAY H. WEINER

Mailing Address 10605 CONCORD ST SUITE 500

City State Zip Code
KENSINGTON MD 20895-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIMARY CARE CENTER PULMO-
NOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123651

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. HARRY P. WEINRIB

Mailing Address 15405 OLDE HIGHWAY 80

City State Zip Code
EL CAJON CA 92021-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer
EDDY PUMP CORP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125941

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 762 / 1070
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. IRAM. WEINTRAUB

Mailing Address 1515 NW 18TH AVE. STE. 300

City

PORTLAND

State

OR

Zip Code

97209-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: SA11.13091486

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH C. WEIS

Mailing Address 2227 7TH ST NW

City

ROCHESTER

State

MN

Zip Code

55901-0206

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEIS BUILDERS, INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098348

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GREGORY S. WEISHAR

Mailing Address 14505 CLEARLAKE PLACE

City

LOUISVILLE

State

KY

Zip Code

40245-5199

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Transaction ID: SA11.13118352

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DARA WELBORN

Mailing Address 10001 S EASTERN AVE SUITE 309

City

HENDERSON

State

NV

Zip Code

89052-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096539

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. E. IRENE WELKENER

Mailing Address 4915 ELIZABETH COURT

City

MASON

State

OH

Zip Code

45040-1262

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOVE'S NEST INTERIORS &
GIFTS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13128338

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLEN L. WELLER

Mailing Address 2416 90TH ST E

City

TACOMA

State

WA

Zip Code

98445-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEIRCE CO SECURITY

Occupation

SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125649

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. VICTORIA B. WELLINGTON

Mailing Address 157 SPRING VALLEY DRIVE

City

GRANVILLE

State

OH

Zip Code

43023-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL OHIO TECH COLLEGE

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120758

Amount of Each Receipt this Period

80.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JESSIE K. WELLS

Mailing Address 296 CANTERBURY RD

City

BEL AIR

State

MD

Zip Code

21014-9024

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13096430

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. VERNETTE D. WENDLER

Mailing Address 644 ROLLING ROCK RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13120999

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. PHILIP A. WENK

Mailing Address 240 VENTURE CIRCLE

City

NASHVILLE

State

TN

Zip Code

37228-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELTA DENTAL PLAN OF TENN-
ESSEE

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133533

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARK WERKSMAN

Mailing Address 888 WEST 6TH STREET

City

LOS ANGELES

State

CA

Zip Code

90017-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11.13125296

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. G WEST

Mailing Address 499 E HAMPDEN AVE
220

City

ENGLEWOOD

State

CO

Zip Code

80113-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095684

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN R. WESTHEIMER

Mailing Address 4760 RED BANK ROAD
SUITE 226

City State Zip Code
CINCINNATI OH 45227-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13104978

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID WEXLER

Mailing Address 999 RARITAN ROAD

City State Zip Code
CLARK NJ 07066-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130693

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RONALD S. WHANN

Mailing Address 8278 24TH STREET

City State Zip Code
WHITE CITY OR 97503-1264

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13112044

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. CATHERINE B. WHATLEY

Mailing Address 9137 MERRILL RD

City

JACKSONVILLE

State

FL

Zip Code

32225-4364

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUCK & BUCK, INC.

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091775

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RAYMOND LAIRD WHIPPLE

Mailing Address HC 34, BOX 210

City

CALIENTE

State

NV

Zip Code

89008-9605

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13120509

Amount of Each Receipt this Period

900.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANN WHITE

Mailing Address 103 WILD ROSE DR

City

GEORGETOWN

State

TX

Zip Code

78633-4551

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119579

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. BRIAN J. WHITE

Mailing Address 1601 E 19TH AVE #6000

City

DENVER

State

CO

Zip Code

80218-1293

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN ORTHOPAEDICS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13095268

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. C H. WHITESIDE

Mailing Address 2797 FM 3053

City

KILGORE

State

TX

Zip Code

75662-8393

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANA-LAB CORP

Occupation
LABORATORY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13130614

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES T. WHITE

Mailing Address 1001 ARBOR LAKE DR.
APT. 1503

City

NAPLES

State

FL

Zip Code

34110-7082

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GLENN D. WHITEMAN

Mailing Address 11911 HAMPSTEAD GREEN

City

ELLICOTT CITY

State

MD

Zip Code

21042-7110

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13111514

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. NANCY WHITE

Mailing Address 3800 SHAMROCK DRIVE

City

CHARLOTTE

State

NC

Zip Code

28215-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122624

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KENNETH W. WHITTINGTON

Mailing Address 5501 N PORTLAND AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73112-2074

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124801

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 1070

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. RACHEL S. WHITTON

Mailing Address 103 GREENBRIAR CIRCLE

City

KERRYVILLE

State

TX

Zip Code

78028-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13120482

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RUSSELL WHITEMORE

Mailing Address 4320 COLONY HILLS DR

City

AKRON

State

OH

Zip Code

44333-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
AKRON RADIOLOGY, INCOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	9

Transaction ID: SA11.13099682

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CHARLES WIDESKA

Mailing Address 975 STEWART AVE

City

GARDEN CITY

State

NY

Zip Code

11530-4816

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.13098420

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. JEFFREY A. WIEDER

Mailing Address 2999 REGENT ST
612

City State Zip Code
BERKELEY CA 94705-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13091484

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. LIGIA I. WIEGAND

Mailing Address 3802 NE 207TH ST
APT 901

City State Zip Code
AVENTURA FL 33180-3851

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100452

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN P. WIER

Mailing Address P.O. BOX 850

City State Zip Code
GRANDVIEW TX 76050-0850

FEC ID number of contributing
federal political committee.

C

Name of Employer
WIER AND ASSN. INC.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122709

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG ROAD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107733

Amount of Each Receipt this Period

130.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DELOS D. WILAM

Mailing Address 1335 3RD AVENUE
APARTMENT 200

City

LONGVIEW

State

WA

Zip Code

98632-3292

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107987

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANNE WILCOX

Mailing Address P.O. BOX 6042

City

WARNER ROBINS

State

GA

Zip Code

31095-6042

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13106113

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD H. WILD

Mailing Address 12071 WILD RD.

City

WELSH

State

LA

Zip Code

70591-5804

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107998

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSEPH L. WILHELM

Mailing Address 884 PEBBLEBROOK LANE

City

EAST LANSING

State

MI

Zip Code

48823-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHIGAN EYE CARE SPECIAL-
ISTS

Occupation
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133950

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DARREN WILLCOX

Mailing Address 10711 FALLS POINTE DR

City

GREAT FALLS

State

VA

Zip Code

22066-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13110680

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT H. WILLEY

Mailing Address **18655 W BERNARDO DR.**
APT 334

City State Zip Code
SAN DIEGO CA 92127-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 21 / 2009

Transaction ID: SA11.13117634

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. BLAKE J. WILLIAMSON

Mailing Address **2301 MAIN ST**

City State Zip Code
KANSAS CITY MO 64108-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLUE CROSS BLUE SHIELD OF KANSAS CITY

Occupation
SENIOR MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2009

Transaction ID: SA11.13144033

Amount of Each Receipt this Period

-250.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)
MR. JAMES C. WILLIAMS

Mailing Address **3706 BUTTRICK AVE SE**

City State Zip Code
ADA MI 49301-9221

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAMS DISTRIBUTING

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2009

Transaction ID: SA11.13111424

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JEFFREY WILLIAMS

Mailing Address 430 PARK AVENUE
SUITE 803

City State Zip Code
NEW YORK NY 10022-3530

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTMENT BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13113284

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN WILLIAMS

Mailing Address 8777 BLUEBONNET BLVD
A

City State Zip Code
BATON ROUGE LA 70810-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099071

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LEE E. WILLIAMS

Mailing Address 256 COUNTY RD 3270

City State Zip Code
MINEOLA TX 75773-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13107770

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEE E. WILLIAMS

Mailing Address 256 COUNTY RD 3270

City

MINEOLA

State

TX

Zip Code

75773-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115413

Amount of Each Receipt this Period

45.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. R W. WILLIAMS

Mailing Address 1201 FAIRWAY DRIVE

City

VIDALIA

State

GA

Zip Code

30474-5582

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13096965

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PAUL J. WILLOUGHBY, JR.

Mailing Address 12389 N.W. KEARNEY STREET

City

PORTLAND

State

OR

Zip Code

97229-4943

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13108481

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL J. WILLOUGHBY, JR.

Mailing Address 12389 N.W. KEARNEY STREET

City

PORTLAND

State

OR

Zip Code

97229-4943

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

495.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13127160

Amount of Each Receipt this Period

52.50

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ERIC WILNER

Mailing Address 25 HIGHLAND AVE

City

NEWBURYPORT

State

MA

Zip Code

01950-3867

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122373

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DARRELL L. WILSON

Mailing Address 605 FONTAINE STREET

City

ALEXANDRIA

State

VA

Zip Code

22302-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORFOLK SOUTHERN CORPORAT-
ION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098725

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1352.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DARRELL L. WILSON

Mailing Address 605 FONTAINE STREET

City

ALEXANDRIA

State

VA

Zip Code

22302-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORFOLK SOUTHERN CORPORAT-
ION

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133534

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. M. ROBERT WILSON

Mailing Address 861 W VIA OLIVERA

City

PALM SPRINGS

State

CA

Zip Code

92262-2769

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13124981

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MYRON R. WILSON

Mailing Address 216 CORDER ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100502

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. RONALD J. WILSON

Mailing Address **828 FEDERAL HILL RD**

City State Zip Code
STREET MD 21154-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
**R J WILSON & ASSOCIATES
 LIMITED**

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2009

Transaction ID: SA11.13124852

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ROSALIE WILSON

Mailing Address **158B B WILSON LN**

City State Zip Code
MULBERRY TN 37359-5044

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
 BEST EFFORTS**

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2009

Transaction ID: SA11.13105986

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. WILLIAM C. WILSON

Mailing Address **4400 BAYOU BLVD
 49 A**

City State Zip Code
PENSACOLA FL 32503-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
 BEST EFFORTS**

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 01 / 2009

Transaction ID: SA11.13091526

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. THAN WIN

Mailing Address 1975 LIN LOR LN STE 285

City

ELGIN

State

IL

Zip Code

60123-4964

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094115

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JANE A. WINCHESTER

Mailing Address 18 MEADOW LN

City

GREENFIELD

State

MA

Zip Code

01301-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122545

Amount of Each Receipt this Period

109.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY H. WINSBY

Mailing Address 14641 TIMBERLAKE MANOR CT

City

CHESTERFIELD

State

MO

Zip Code

63017-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098921

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

509.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BETTYLANE WINSLOW

Mailing Address PO BOX 42

City

HERTFORD

State

NC

Zip Code

27944-0042

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13122660

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GARY P WINTERS

Mailing Address 4177 SIENA DR.

City

FRISCO

State

TX

Zip Code

75034-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13124483

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JEFF WIPFLI

Mailing Address 1414 ARLINGTON ST
1400

City

ADA

State

OK

Zip Code

74820-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094087

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DEBBIE WITBECK

Mailing Address PO BOX 909

City

CEDAR PARK

State

TX

Zip Code

78630-0909

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABSOLUTE MACH. AND TOOLING

Occupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107483

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN P. WITTEN

Mailing Address 10266 SYLVIAN DR

City

DUBLIN

State

OH

Zip Code

43017-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer
STONEHENGE CAPITAL COMPANY

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.13107522

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LINDA K. WOBECK

Mailing Address 1968 PEACHTREE RD NW

City

ATLANTA

State

GA

Zip Code

30309-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIEDMONT HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105463

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JANET M. WOLFE

Mailing Address **6251 OLD DOMINION DRIVE**
APARTMENT 162

City **MCLEAN** State **VA** Zip Code **22101-4805**

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

09 / 16 / 2009

Transaction ID: SA11.13110266

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JANET M. WOLFE

Mailing Address **6251 OLD DOMINION DRIVE**
APARTMENT 162

City **MCLEAN** State **VA** Zip Code **22101-4805**

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

09 / 22 / 2009

Transaction ID: SA11.13114537

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. KENNETH R. WOLFE

Mailing Address **11110 W 122ND ST**

City **SHAWNEE MISSION** State **KS** Zip Code **66213-1949**

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2009

Transaction ID: SA11.13097001

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 784 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. LIONEL B. WONG

Mailing Address 215 E 1ST ST
SUITE 211

City State Zip Code
DIXON IL 61021-3175

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSB MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099708

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. HAROLD WOOD

Mailing Address PO BOX 849

City State Zip Code
SHAWNEE OK 74802-0849

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094151

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. KAYE N. WOOD

Mailing Address 4902 LAKE FOREST AVE

City State Zip Code
NORTHPORT AL 35473-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116984

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. KAYE N. WOOD

Mailing Address 4902 LAKE FOREST AVE

City

NORTHPORT

State

AL

Zip Code

35473-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13123007

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STERLING WOOD

Mailing Address 80 BROOKSIDE LN

City

LITTLE SILVER

State

NJ

Zip Code

07739-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC AMBULATORY ANEST-
HESIA ASSOCIAOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11.13111151

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMESON D. WOODARD

Mailing Address 50 WINDSOR WAY

City

RED LION

State

PA

Zip Code

17356-8789

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119539

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. PAMELA K. WOODARD, M.D.

Mailing Address **510 S KINGSHIGHWAY BLVD**

City State Zip Code
SAINT LOUIS MO 63110-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer
**MALLINCKRODT INSTITUTE OF
 RADIOLOGY**

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 10 / 2009

Transaction ID: SA11.13102145

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. R. G. WOODALL

Mailing Address **5230 BRAESVALLEY DRIVE**

City State Zip Code
HOUSTON TX 77096-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
RON'S HOMESTYLE FOOD INC.

Occupation
REF. FOOD MERCHANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 11 / 2009

Transaction ID: SA11.13106141

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. J WOODHAMS

Mailing Address **1140 HAMMOND DR NE
 SUITE E5100**

City State Zip Code
ATLANTA GA 30328-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
 BEST EFFORTS**

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 02 / 2009

Transaction ID: SA11.13094081

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LESTER R. WOODWARD

Mailing Address 680 BELLAIRE STREET

City

DENVER

State

CO

Zip Code

80220-4935

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13123368

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLINTON H. WORRELL

Mailing Address 728 VETERANS ROAD

City

COLUMBIA

State

SC

Zip Code

29209-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13100977

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT WORTH

Mailing Address 174 WASHINGTON ST
2G

City

JERSEY CITY

State

NJ

Zip Code

07302-4598

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094109

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 788 / 1070
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
DR. JONATHAN WU

Mailing Address 300 BARNEY DR STE A

City State Zip Code
JOLIET IL 60435-5269FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125478

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
MS. DORIS M. WURZBACH

Mailing Address 3726 HUNTERS POINT ST

City State Zip Code
SAN ANTONIO TX 78230-1934FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13095862

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
MRS. DOROTHEA E. WYLE YOST

Mailing Address 5835 NW 80TH AVENUE ROAD

City State Zip Code
OCALA FL 34482-2024FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.13097354

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. VICTOR F. YACULLO

Mailing Address **22050 N. 97TH STREET**

City State Zip Code
SCOTTSDALE AZ 85255-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
BINGHAM MCCUTCHE

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 04 / 2009

Transaction ID: SA11.13098864

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. VICTOR F. YACULLO

Mailing Address **22050 N. 97TH STREET**

City State Zip Code
SCOTTSDALE AZ 85255-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
BINGHAM MCCUTCHE

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 22 / 2009

Transaction ID: SA11.13118997

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JILL YATES

Mailing Address **424 STATE HIGHWAY 37**

City State Zip Code
NOGAL NM 88341-9519

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2009

Transaction ID: SA11.13106256

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT YEAGER

Mailing Address 2630 OLD CHARLOTTE PIKE

City

FRANKLIN

State

TN

Zip Code

37064-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133530

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PURNACHANDRA YERNENI

Mailing Address 1011 AVENUE F

City

BOGALUSA

State

LA

Zip Code

70427-4334

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INTERNAL MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105402

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. YEHUDA YISROEL

Mailing Address 4900 E 5TH ST APT 1801

City

TUCSON

State

AZ

Zip Code

85711-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13105171

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. IRA YOUNGER

Mailing Address 606 WILSON CREEK RD
320

City State Zip Code
LAWRENCEBURG IN 47025-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112732

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SAMUEL D. YOUNG

Mailing Address 4611 S HAMPTON ST.

City State Zip Code
SUGAR LAND TX 77479-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY OFFICE PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13125930

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT S. YUHAS

Mailing Address 530 LOMAS SANTA FE DR
SUITE O

City State Zip Code
SOLANA BEACH CA 92075-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13105462

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. MUHAMMAD YUNIS

Mailing Address 1735 TAYLOR ST

City

COLUMBIA

State

SC

Zip Code

29201-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099707

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LEILA ZAFARANCHI

Mailing Address 26671 ALISO CREEK RD
205

City

ALISO VIEJO

State

CA

Zip Code

92656-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.13094079

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARK R. ZAONTZ

Mailing Address 120 CARNIE BLVD STE. 2

City

VOORHEES

State

NJ

Zip Code

08043-4520

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13119590

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. CHESTER W. ZARNOCH

Mailing Address 175 DERBY ST
38

City State Zip Code
HINGHAM MA 02043-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13112793

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. DAVID M. ZELECHOSKI

Mailing Address 3 HOSPITAL DR
STE 206

City State Zip Code
LEWISBURG PA 17837-9394

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13098307

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. MICHAEL L. ZELKOWITZ

Mailing Address 3629 LAKE EMMA RD

City State Zip Code
LAKE MARY FL 32746-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115618

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LUIS E. ZEPEDA

Mailing Address 512 VICTORIA LN
7

City State Zip Code
HARLINGEN TX 78550-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13115622

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARGARITA ZHAVORONKOVA

Mailing Address 919 WESTFALL RD
STE A100

City State Zip Code
ROCHESTER NY 14618-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITY HEALTH SYSTEM

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.13099692

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. J S. ZIL

Mailing Address PO BOX 160208

City State Zip Code
SACRAMENTO CA 95816-0208

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13099074

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MISS WINIFRED S. ZIMMER

Mailing Address 48 UNION PARK

City

BOSTON

State

MA

Zip Code

02118-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13117333

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KARL J. ZINKAN

Mailing Address 7510 ROYAL PORTRUSH DRIVE

City

OLON.

State

OH

Zip Code

44139-5255

FEC ID number of contributing
federal political committee.

C

Name of Employer
ZINKAN ENTERPRISES, INC.

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13121159

Amount of Each Receipt this Period

199.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT B. ZINSER

Mailing Address 3158 ORLEANS E.

City

SAN DIEGO

State

CA

Zip Code

92110-5946

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.13116154

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

549.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. SILVIU ZISCOVICI

Mailing Address **11400 ROCKVILLE PIKE 511**

City State Zip Code
ROCKVILLE MD 20852-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERNAL MEDICINE CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 02 / 2009

Transaction ID: SA11.13094118

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ERIC ZOOG

Mailing Address **76 GRANDVIEW CIR**

City State Zip Code
BRANDON MS 39047-7398

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
BEST EFFORTS**

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 03 / 2009

Transaction ID: SA11.13095727

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. DMITRIY ZUBKUS

Mailing Address **2350 FREEDOM WAY STE 200**

City State Zip Code
YORK PA 17402-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER
BEST EFFORTS**

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 08 / 2009

Transaction ID: SA11.13098376

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ISAAK BOS, JR.

Mailing Address 303 E STATE HIGHWAY 83
HC 70 BOX 34A

City State Zip Code
LOVINGTON NM 88260-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOS DAIRY, LLC

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 9

Transaction ID: SA11.13105131

Amount of Each Receipt this Period

1501.00

CONTRIBUTION

[MEMO ITEM]

PARTNERSHIP ATTRIBUTION:
BOS DAIRY, LLC

B.

Full Name (Last, First, Middle Initial)

MR. ISAAC BOS, SR.

Mailing Address 2031 MARILYN LN.

City State Zip Code
SAN MARCOS CA 92069-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOS DAIRY, LLC

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 9

Transaction ID: SA11.13105132

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

PARTNERSHIP ATTRIBUTION:
BOS DAIRY, LLC

C.

Full Name (Last, First, Middle Initial)

BOS DAIRY, L.L.C.-SOUTH

Mailing Address 303 E. STATE HIGHWAY 83
H.C. 70 BOX 34A

City State Zip Code
LOVINGTON NM 88260-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843045

Amount of Each Receipt this Period

2001.00

CONTRIBUTION

[MEMO ITEM]

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 798 / 1070
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD ECKLAND

Mailing Address 1616 D METROPOLITAN BOULEVARD

City

TALLAHASSEE

State

FL

Zip Code

32308-3779

FEC ID number of contributing
federal political committee.**C**Name of Employer
IRBSEARCHOccupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13123078

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]PARTNERSHIP ATTRIBUTION:
IRBSEARCH, LLC**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS GARDNER

Mailing Address 152 SYLVAN STREET

City

RUTHERFORD

State

NJ

Zip Code

07070-2434

FEC ID number of contributing
federal political committee.**C**Name of Employer
IRCSEARCH, LLCOccupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13123080

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]PARTNERSHIP ATTRIBUTION:
IRBSEARCH, LLC**C.**

Full Name (Last, First, Middle Initial)

MR. DARRELL GOODWIN

Mailing Address 5660 BRADFORDVILLE ROAD

City

TALLAHASSEE

State

FL

Zip Code

32309-6610

FEC ID number of contributing
federal political committee.**C**Name of Employer
IRBSEARCH, LLCOccupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA11.13123079

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]PARTNERSHIP ATTRIBUTION:
IRBSEARCH, LLC**SUBTOTAL** of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 / 1070
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
IRBSEARCH, LLC

Mailing Address **2335 HANSEN COURT**

City State Zip Code
TALLAHASSEE FL 32301-4859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 15 2009

Transaction ID: SA11.12998840

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

[MEMO ITEM]

SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)
OSAGE NATION

Mailing Address **627 GRANDVIEW AVENUE**

City State Zip Code
PAWHUSKA OK 74056-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 15 2009

Transaction ID: SA11.13113264

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES FORD

Mailing Address **51 WILLARD AVENUE**

City State Zip Code
TARRYTOWN NY 10591-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCARABEE HOLDINGS, LLC

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2009

Transaction ID: SA11.13105117

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]

PARTNERSHIP ATTRIBUTION:
SCARABEE HOLDINGS, LLC

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 / 1070

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SCARABEE HOLDINGS, LLC

Mailing Address 51 WILLARD AVE.

City

TARRYTOWN

State

NY

Zip Code

10591-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11.12893338

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]

SEE ATTRIBUTION BELOW

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. TOTOLLO

Mailing Address 1138 N GERMANTOWN PKWY
STE 101

City

CORDOVA

State

TN

Zip Code

38016-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11.13098592

Amount of Each Receipt this Period

1501.00

CONTRIBUTION

[MEMO ITEM]

PARTNERSHIP ATTRIBUTION:
TOTOLO CONSTRUCTION LLC

C.

Full Name (Last, First, Middle Initial)

TOTOLO CONSTRUCTION, L.L.C.

Mailing Address 1138 N. GERMANTOWN PARKWAY
SUITE 101

City

CORDOVA

State

TN

Zip Code

38016-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843040

Amount of Each Receipt this Period

1501.00

CONTRIBUTION

[MEMO ITEM]

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

978934.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BACHUS REELECTION

Mailing Address P.O. BOX 131134

City

BIRMINGHAM

State

AL

Zip Code

35213-6134

FEC ID number of contributing
federal political committee.

C

C00260547

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133574

Amount of Each Receipt this Period

12000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

BARRETT FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 869

City

WESTMINSTER

State

SC

Zip Code

29693-0703

FEC ID number of contributing
federal political committee.

C

C00366617

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13102318

Amount of Each Receipt this Period

15000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

BILL CASSIDY FOR CONGRESS

Mailing Address 8550 UNITED PLAZA BLVD.
SUITE 1001

City

BATON ROUGE

State

LA

Zip Code

70809-2256

FEC ID number of contributing
federal political committee.

C

C00451807

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13104970

Amount of Each Receipt this Period

2000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

29000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BISHOP FOR CONGRESS

Mailing Address P.O. BOX 2006

City

BRIGHAM CITY

State

UT

Zip Code

84302-0745

FEC ID number of contributing
federal political committee.

C

C00374231

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13110178

Amount of Each Receipt this Period

5000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 292

City

ROANOKE

State

VA

Zip Code

24002-0292

FEC ID number of contributing
federal political committee.

C

C00257956

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133561

Amount of Each Receipt this Period

25000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

CHARLES BOUSTANY JR. M.D. FOR CONGRESS INC.

Mailing Address P.O. BOX 80126

City

LAFAYETTE

State

LA

Zip Code

70598-0126

FEC ID number of contributing
federal political committee.

C

C00394866

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125964

Amount of Each Receipt this Period

10000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR TURNER

Mailing Address 120 W SECOND STREET
SUITE 1510

City State Zip Code
DAYTON OH 45402-1603

FEC ID number of contributing
federal political committee.

C C00373001

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133575

Amount of Each Receipt this Period

25000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT RON PAUL

Mailing Address 837 W. PLANTATION DRIVE

City State Zip Code
CLUTE TX 77531-5224

FEC ID number of contributing
federal political committee.

C C00305342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133566

Amount of Each Receipt this Period

25000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 51272

City State Zip Code
MIDLAND TX 79710-1272

FEC ID number of contributing
federal political committee.

C C00383828

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133568

Amount of Each Receipt this Period

5000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

55000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City State Zip Code
ENNIS TX 75120-1444

FEC ID number of contributing
federal political committee. **C** C00195065

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125963

Amount of Each Receipt this Period

7000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 47025

City State Zip Code
ST. PETERSBURG FL 33743-7025

FEC ID number of contributing
federal political committee. **C** C00051227

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133564

Amount of Each Receipt this Period

10000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 4963 BEACH BLVD.
SUITE 1

City State Zip Code
JACKSONVILLE FL 32207-4802

FEC ID number of contributing
federal political committee. **C** C00352849

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133570

Amount of Each Receipt this Period

15000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

32000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 6545

City State Zip Code
VISALIA CA 93290-6545

FEC ID number of contributing
federal political committee. **C** C00370056

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
42000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133567

Amount of Each Receipt this Period

30000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City State Zip Code
EDEN PRAIRIE MN 55344-1369

FEC ID number of contributing
federal political committee. **C** C00439661

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098579

Amount of Each Receipt this Period

2000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF CONNIE MACK

Mailing Address P.O. BOX 65075

City State Zip Code
WASHINGTON DC 20035-5075

FEC ID number of contributing
federal political committee. **C** C00391243

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
18000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13113289

Amount of Each Receipt this Period

2000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

34000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE 1-2City State Zip Code
WEST CHESTER OH 45069-6602FEC ID number of contributing
federal political committee.**C** C00237198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

Transaction ID: SA11.13125922

Amount of Each Receipt this Period

10000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF DOC HASTINGS

Mailing Address P.O. BOX 2926

City State Zip Code
PASCO WA 99302-2926FEC ID number of contributing
federal political committee.**C** C00286856

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11.13133593

Amount of Each Receipt this Period

12300.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE 1-2City State Zip Code
WEST CHESTER OH 45069-6602FEC ID number of contributing
federal political committee.**C** C00237198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13139135

Amount of Each Receipt this Period

500000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

522300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
HALL FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 711

City State Zip Code
ROCKWALL TX 75087-0711

FEC ID number of contributing
federal political committee. **C** C00120683

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133569

Amount of Each Receipt this Period

20000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
HOBSON FOR CONGRESS

Mailing Address 2525 N LIMESTONE ST STE 103

City State Zip Code
SPRINGFIELD OH 45503-1185

FEC ID number of contributing
federal political committee. **C** C00239905

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125935

Amount of Each Receipt this Period

3800.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. BOX 12667

City State Zip Code
BAKERSFIELD CA 93389-2667

FEC ID number of contributing
federal political committee. **C** C00420935

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133572

Amount of Each Receipt this Period

10000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

33800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LEWIS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 247

City State Zip Code
REDLANDS CA 92373-0081

FEC ID number of contributing
federal political committee. **C** C00090357

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
110000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133591

Amount of Each Receipt this Period

85000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
LINDER FOR CONGRESS

Mailing Address P.O. BOX 4026

City State Zip Code
DULUTH GA 30096-0063

FEC ID number of contributing
federal political committee. **C** C00255976

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133562

Amount of Each Receipt this Period

5000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
LUCAS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1726

City State Zip Code
OKLAHOMA CITY OK 73101-1726

FEC ID number of contributing
federal political committee. **C** C00287912

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
98000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133592

Amount of Each Receipt this Period

3000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

93000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City State Zip Code
DENTON TX 76202-2334

FEC ID number of contributing
federal political committee. **C** C00372532

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
9000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133573

Amount of Each Receipt this Period

4000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
ROBERT ADERHOLT FOR CONGRESS

Mailing Address P.O. BOX 1158

City State Zip Code
HALEYVILLE AL 35565-1158

FEC ID number of contributing
federal political committee. **C** C00313247

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133565

Amount of Each Receipt this Period

12500.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1113

City State Zip Code
ANNISTON AL 36202-1113

FEC ID number of contributing
federal political committee. **C** C00367862

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133571

Amount of Each Receipt this Period

12500.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

29000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address 2900 CLEARVIEW PARKWAY

City State Zip Code
METAIRIE LA 70006-6532

FEC ID number of contributing
federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
16000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133576

Amount of Each Receipt this Period

1000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address P.O. BOX 37091

City State Zip Code
CHARLOTTE NC 28237-7091

FEC ID number of contributing
federal political committee. **C** C00304667

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133563

Amount of Each Receipt this Period

5000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
TEXANS FOR LAMAR SMITH

Mailing Address P.O. BOX 6155

City State Zip Code
SAN ANTONIO TX 78209-0155

FEC ID number of contributing
federal political committee. **C** C00197160

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
49000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13139136

Amount of Each Receipt this Period

21000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

27000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.Full Name (Last, First, Middle Initial)
WESTMORELAND FOR CONGRESS

Mailing Address P.O. BOX 458

City	State	Zip Code
SHARPSBURG	GA	30277-0458

FEC ID number of contributing
federal political committee. **C** C00409839

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.13110177

Amount of Each Receipt this Period

15000.00

TRANSFER

B.Full Name (Last, First, Middle Initial)
ACE CASH EXPRESS, INC. PAC

Mailing Address 1231 GREENWAY DRIVE; SUITE 600

City	State	Zip Code
IRVING	TX	75038-2511

FEC ID number of contributing
federal political committee. **C** C00392290

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13133554

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City	State	Zip Code
COLUMBUS	GA	31999

FEC ID number of contributing
federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK108

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LINCOLN DIA-
Z-BALART FOR CO**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK119

Amount of Each Receipt this Period

1000.00

EARMARKED FOR MARIO DIAZ-
BALART FOR CONG

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK139

Amount of Each Receipt this Period

1000.00

EARMARKED FOR ROSKAM FOR
CONGRESS COMMIT

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK144

Amount of Each Receipt this Period

2500.00

EARMARKED FOR SCALISE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK146

Amount of Each Receipt this Period

1000.00

EARMARKED FOR SCHOCK FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK152

Amount of Each Receipt this Period

1500.00

EARMARKED FOR SUE MYRICK
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK159

Amount of Each Receipt this Period

2500.00

EARMARKED FOR WALDEN FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK17

Amount of Each Receipt this Period

1500.00

EARMARKED FOR CATHY MCMOR-
RIS RODGERS FOR

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK20

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CHARLIE DENT
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK26

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CITIZENS FOR
TURNER

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK29

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CONAWAY FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK32

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CRENSHAW FOR
CONGRESS CAMP

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK5

Amount of Each Receipt this Period

1000.00

EARMARKED FOR BILL SHUSTER
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK63

Amount of Each Receipt this Period

2500.00

EARMARKED FOR GARY MILLER
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK65

Amount of Each Receipt this Period

2500.00

EARMARKED FOR GEOFF DAVIS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK68

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GRAVES FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK72

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GUTHRIE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK76

Amount of Each Receipt this Period

1000.00

EARMARKED FOR HELLER FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK91

Amount of Each Receipt this Period

2500.00

EARMARKED FOR JOE WILSON
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AFLAC INC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK97

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JOHN SULLIVAN FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AK STEEL PAC

Mailing Address 9227 CENTRE POINTE DRIVE

City

WEST CHESTER

State

OH

Zip Code

45069-4822

FEC ID number of contributing
federal political committee.

C

C00290973

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125947

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK103

Amount of Each Receipt this Period

2500.00

EARMARKED FOR KEVIN MCCARTHY FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK107

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LEE TERRY
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK114

Amount of Each Receipt this Period

500.00

EARMARKED FOR LYNN JENKINS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK12

Amount of Each Receipt this Period

1500.00

EARMARKED FOR CAMPAC

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK123

Amount of Each Receipt this Period

2000.00

EARMARKED FOR MCCAUL FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK130

Amount of Each Receipt this Period

2500.00

EARMARKED FOR MCPAC

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK133

Amount of Each Receipt this Period

2500.00

EARMARKED FOR NEW PAC

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK134

Amount of Each Receipt this Period

2000.00

EARMARKED FOR PRICE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK140

Amount of Each Receipt this Period

2000.00

EARMARKED FOR ROSKAM FOR
CONGRESS COMMIT

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK145

Amount of Each Receipt this Period

1000.00

EARMARKED FOR SCALISE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK154

Amount of Each Receipt this Period

2000.00

EARMARKED FOR THE GOOD FU-
ND

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK155

Amount of Each Receipt this Period

3000.00

EARMARKED FOR TIBERI FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK16

Amount of Each Receipt this Period

5000.00

EARMARKED FOR CANTOR FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK18

Amount of Each Receipt this Period

3000.00

EARMARKED FOR CATHY MCMOR-
RIS RODGERS FOR

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK27

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CITIZENS FOR
TURNER

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For:

2010

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK36

Amount of Each Receipt this Period

4000.00

EARMARKED FOR DAVE CAMP
FOR CONGRESS 201

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK39

Amount of Each Receipt this Period

4000.00

EARMARKED FOR DEVIN NUNES
FOR CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.EMRK40

Amount of Each Receipt this Period

2500.00

EARMARKED FOR DEVIN NUNES
FOR CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK43

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
DOC HASTINGS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK47

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
ERIK PAULSEN**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK50

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
JACK KINGSTON**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.EMRK55

Amount of Each Receipt this Period

500.00

EARMARKED FOR FRIENDS OF
JEB HENSARLING**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK59

Amount of Each Receipt this Period

2000.00

EARMARKED FOR FRIENDS OF
JOE PITTS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK60

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
SAM JOHNSON

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK66

Amount of Each Receipt this Period

1500.00

EARMARKED FOR GEOFF DAVIS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK92

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JOE WILSON
FOR CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ALTRIA GROUP INC PAC

Mailing Address 101 CONSTITUTION AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C**

C00089136

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.EMRK98

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JOHN SULLIV-
AN FOR CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AMERICAN BAKERS ASSOCIATION PAC

Mailing Address 1300 I. STREET NW
SUITE 700 WEST

City

WASHINGTON

State

DC

Zip Code

20005-3306

FEC ID number of contributing
federal political committee.**C**

C00016386

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11.13125960

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL PAC

Mailing Address 1111-14TH ST NW STE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK104

Amount of Each Receipt this Period

2500.00

EARMARKED FOR KIRK FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL PAC

Mailing Address 1111-14TH ST NW STE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK156

Amount of Each Receipt this Period

2500.00

EARMARKED FOR TIBERI FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL PAC

Mailing Address 1111-14TH ST NW STE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK3

Amount of Each Receipt this Period

1000.00

EARMARKED FOR BILL CASSIDY FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL PAC

Mailing Address 1111-14TH ST NW STE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK44

Amount of Each Receipt this Period

3000.00

EARMARKED FOR FRIENDS OF
DOC HASTINGS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL PAC

Mailing Address 1111-14TH ST NW STE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK99

Amount of Each Receipt this Period

2500.00

EARMARKED FOR JOHN SULLIV-
AN FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 7TH STREET NW, STE. 700

City

WASHINGTON

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133559

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY PAC

Mailing Address 2 W. DIXIE HIGHWAY

City State Zip Code
DANIA FL 33004-4312

FEC ID number of contributing
federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133551

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AMERICAN TRUCKING ASSOCIATION PAC

Mailing Address 430 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003-1826

FEC ID number of contributing
federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133543

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ANHEUSER-BUSCH PAC

Mailing Address 1401 I. STREET, NW
SUITE 200

City State Zip Code
WASHINGTON DC 20005-6549

FEC ID number of contributing
federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13125928

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK100

Amount of Each Receipt this Period

1000.00

EARMARKED FOR KAY GRANGER
CAMPAIGN FUND

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK105

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LATTA FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK111

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LUCAS FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK124

Amount of Each Receipt this Period

1000.00

EARMARKED FOR MCCAUL FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK128

Amount of Each Receipt this Period

1000.00

EARMARKED FOR MCHENRY FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK13

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CANDICE MIL-
LER FOR CONGRES

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK23

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CHRIS LEE
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK45

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
DOC HASTINGS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK56

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
JEB HENSARLING

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK6

Amount of Each Receipt this Period

1000.00

EARMARKED FOR BILL SHUSTER
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK64

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GARY MILLER
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK81

Amount of Each Receipt this Period

1000.00

EARMARKED FOR ISSA FOR CO-
NGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK84

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JIM JORDAN
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK90

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JO BONNER
FOR CONGRESS COM

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK93

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JOE WILSON
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ASHLAND PAC FOR EMPLOYEES

Mailing Address P.O. BOX 391

City

COVINGTON

State

KY

Zip Code

41012-0391

FEC ID number of contributing
federal political committee.**C**

C00075994

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.13110193

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.**C**

C00109017

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

2010

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Transaction ID: SA11.EMRK101

Amount of Each Receipt this Period

3000.00

EARMARKED FOR KAY GRANGER
CAMPAIGN FUND**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.**C**

C00109017

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

2010

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK109

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LINCOLN DIA-
Z-BALART FOR CO**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK11

Amount of Each Receipt this Period

2000.00

EARMARKED FOR BUCK MCKEON
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK120

Amount of Each Receipt this Period

1500.00

EARMARKED FOR MARIO DIAZ-
BALART FOR CONG

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK125

Amount of Each Receipt this Period

500.00

EARMARKED FOR MCCAUL FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 838 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK135

Amount of Each Receipt this Period

2500.00

EARMARKED FOR PRICE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK14

Amount of Each Receipt this Period

3000.00

EARMARKED FOR CANDICE MIL-
LER FOR CONGRES

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK148

Amount of Each Receipt this Period

5000.00

EARMARKED FOR SHELLEY MOO-
RE CAPITO FOR C

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK157

Amount of Each Receipt this Period

1000.00

EARMARKED FOR TIBERI FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK30

Amount of Each Receipt this Period

2500.00

EARMARKED FOR CONAWAY FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK42

Amount of Each Receipt this Period

1000.00

EARMARKED FOR DUNCAN D HUNTER FOR CONGRE

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK51

Amount of Each Receipt this Period

3000.00

EARMARKED FOR FRIENDS OF
JACK KINGSTON

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK7

Amount of Each Receipt this Period

1500.00

EARMARKED FOR BILL SHUSTER
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK85

Amount of Each Receipt this Period

2000.00

EARMARKED FOR JIM JORDAN
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD ST STE 3521

City

DALLAS

State

TX

Zip Code

75202

FEC ID number of contributing
federal political committee.**C**

C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK94

Amount of Each Receipt this Period

3000.00

EARMARKED FOR JOE WILSON
FOR CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

BLUE CROSS & BLUE SHIELD OF MICHIGAN PAC

Mailing Address 602 W. IONIA STREET

City

LANSING

State

MI

Zip Code

48933-1015

FEC ID number of contributing
federal political committee.**C**

C00084061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13133552

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CABLEVISION SYSTEMS CORPORATION PAC

Mailing Address 1111 STEWART AVENUE

City

BETHPAGE

State

NY

Zip Code

11714-3533

FEC ID number of contributing
federal political committee.**C**

C00197863

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11.13113281

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALPINE CORPORATION PAC

Mailing Address 1401 H. STREET NW, SUITE 510

City

WASHINGTON

State

DC

Zip Code

20005-2024

FEC ID number of contributing
federal political committee.**C**

C00362640

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125962

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.**C**

C00148031

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

2010

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK121

Amount of Each Receipt this Period

2000.00

EARMARKED FOR MARSHA BLAC-
KBURN FOR CONGR**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.**C**

C00148031

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

2010

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK131

Amount of Each Receipt this Period

2000.00

EARMARKED FOR NEUGEBAUER
CONGRESSIONAL C**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK141

Amount of Each Receipt this Period

4000.00

EARMARKED FOR ROSKAM FOR
CONGRESS COMMIT

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK142

Amount of Each Receipt this Period

1000.00

EARMARKED FOR ROSKAM FOR
CONGRESS COMMIT

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK149

Amount of Each Receipt this Period

2000.00

EARMARKED FOR SHELLEY MOO-
RE CAPITO FOR C

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK15

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CANDICE MIL-
LER FOR CONGRES

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK2

Amount of Each Receipt this Period

1000.00

EARMARKED FOR BACHMANN FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK48

Amount of Each Receipt this Period

3000.00

EARMARKED FOR FRIENDS OF
ERIK PAULSEN

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 845 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK61

Amount of Each Receipt this Period

3000.00

EARMARKED FOR FRIENDS OF
SAM JOHNSON

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK69

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GRAVES FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK82

Amount of Each Receipt this Period

1000.00

EARMARKED FOR ISSA FOR CO-
NGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 846 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City

PEORIA

State

IL

Zip Code

61629

FEC ID number of contributing
federal political committee.

C

C00148031

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK95

Amount of Each Receipt this Period

3000.00

EARMARKED FOR JOE WILSON
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

CH2M HILL COMPANIES, LTD. PAC

Mailing Address 901 NEW YORK AVENUE, NW
SUITE 5100 WEST

City

WASHINGTON

State

DC

Zip Code

20001-4432

FEC ID number of contributing
federal political committee.

C

C00143305

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125945

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK10

Amount of Each Receipt this Period

2000.00

EARMARKED FOR BRADY FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK112

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LUCAS FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK115

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LYNN JENKINS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK126

Amount of Each Receipt this Period

2000.00

EARMARKED FOR MCCAUL FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK132

Amount of Each Receipt this Period

1000.00

EARMARKED FOR NEUGEBAUER
CONGRESSIONAL C

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK136

Amount of Each Receipt this Period

1000.00

EARMARKED FOR PRICE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK150

Amount of Each Receipt this Period

1000.00

EARMARKED FOR SHELLEY MOO-
RE CAPITO FOR C

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK158

Amount of Each Receipt this Period

1000.00

EARMARKED FOR TIBERI FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK24

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CHRIS LEE
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK33

Amount of Each Receipt this Period

2000.00

EARMARKED FOR CRENSHAW FOR
CONGRESS CAMP

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK34

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CULBERSON
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK46

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
DOC HASTINGS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK52

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
JACK KINGSTON

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK57

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
JEB HENSARLING

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK62

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
SAM JOHNSON

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK70

Amount of Each Receipt this Period

2000.00

EARMARKED FOR GRAVES FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK73

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GUTHRIE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK77

Amount of Each Receipt this Period

1000.00

EARMARKED FOR HELLER FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK86

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JIM JORDAN
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.**C**

C00248716

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11.EMRK9

Amount of Each Receipt this Period

1000.00

EARMARKED FOR BOOZMAN FOR
CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

COME BACK PAC

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152-0485

FEC ID number of contributing
federal political committee.**C**

C00400457

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11.13115731

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVITA INC. PAC

Mailing Address 601 HAWAII STREET

City

EL SEGUNDO

State

CA

Zip Code

90245-4814

FEC ID number of contributing
federal political committee.**C**

C00340943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.13133555

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DLA PIPER U.S. LLP PAC

Mailing Address 500 8TH STREET NW
SUITE 700

City	State	Zip Code
WASHINGTON	DC	20004-2131

FEC ID number of contributing
federal political committee.**C** C00151340

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	2 3	/	2 0 0 9

Transaction ID: SA11.13125929

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

EQUIPMENT LEASING AND FINANCE ASSOCIATION

Mailing Address 4301 N. FAIRFAX DRIVE, SUITE 550

City	State	Zip Code
ARLINGTON	VA	22203-1653

FEC ID number of contributing
federal political committee.**C** C00132282

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	2 9	/	2 0 0 9

Transaction ID: SA11.13133544

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

EXPERIAN NORTH AMERICA INC. PAC

Mailing Address 475 ANTON BLVD.

City	State	Zip Code
COSTA MESA	CA	92626-7037

FEC ID number of contributing
federal political committee.**C** C00379768

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	3 0	/	2 0 0 9

Transaction ID: SA11.13133560

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EXXON MOBIL PAC

Mailing Address 5959 LAS COLINAS BLVD

City

IRVING

State

TX

Zip Code

75039

FEC ID number of contributing
federal political committee.

C

C00121368

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK1

Amount of Each Receipt this Period

1000.00

EARMARKED FOR ADRIAN SMITH
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

EXXON MOBIL PAC

Mailing Address 5959 LAS COLINAS BLVD

City

IRVING

State

TX

Zip Code

75039

FEC ID number of contributing
federal political committee.

C

C00121368

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.EMRK116

Amount of Each Receipt this Period

2000.00

EARMARKED FOR LYNN JENKINS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

EXXON MOBIL PAC

Mailing Address 5959 LAS COLINAS BLVD

City

IRVING

State

TX

Zip Code

75039

FEC ID number of contributing
federal political committee.

C

C00121368

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK25

Amount of Each Receipt this Period

2000.00

EARMARKED FOR CHRIS LEE
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EXXON MOBIL PAC

Mailing Address 5959 LAS COLINAS BLVD

City

IRVING

State

TX

Zip Code

75039

FEC ID number of contributing
federal political committee.

C

C00121368

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK49

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
ERIK PAULSEN

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

EXXON MOBIL PAC

Mailing Address 5959 LAS COLINAS BLVD

City

IRVING

State

TX

Zip Code

75039

FEC ID number of contributing
federal political committee.

C

C00121368

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK74

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GUTHRIE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

EXXON MOBIL PAC

Mailing Address 5959 LAS COLINAS BLVD

City

IRVING

State

TX

Zip Code

75039

FEC ID number of contributing
federal political committee.

C

C00121368

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.EMRK8

Amount of Each Receipt this Period

1000.00

EARMARKED FOR BILL SHUSTER
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDEX CORPORATION, PAC

Mailing Address 101 CONSTITUTION AVENUE NW #801E

City

WASHINGTON

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133549

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FIFTH THIRD BANCORP PAC

Mailing Address 550 EAST WALNUT STREET

City

COLUMBUS

State

OH

Zip Code

43215-5323

FEC ID number of contributing
federal political committee.

C

C00290502

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13102316

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FREEDOM AND SECURITY PAC

Mailing Address 1117 ATWOOD COURT

City

SHAKOPEE

State

MN

Zip Code

55379-2461

FEC ID number of contributing
federal political committee.

C

C00437061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13110179

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FREEDOM AND SECURITY PAC

Mailing Address 1117 ATWOOD COURT

City

SHAKOPEE

State

MN

Zip Code

55379-2461

FEC ID number of contributing
federal political committee.

C

C00437061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133547

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FUTURE LEADERS PAC

Mailing Address 1155 21ST STREET NW
SUITE 300

City

WASHINGTON

State

DC

Zip Code

20036-3312

FEC ID number of contributing
federal political committee.

C

C00269407

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133589

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GENERAL ELECTRIC PAC

Mailing Address 1299 PENNSYLVANIA AVENUE NW
SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20004-2414

FEC ID number of contributing
federal political committee.

C

C00024869

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.13115736

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

33000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GOLDEN STATE PAC

Mailing Address 1212 S. VICTORY BLVD.
SUITE 211

City State Zip Code
BURBANK CA 91502-2551

FEC ID number of contributing
federal political committee.

C C00145342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13125927

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GOLDMAN SACHS PAC

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 1000 EAST

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing
federal political committee.

C C00350744

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133557

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
HARDWOOD FEDERATION PAC

Mailing Address 1111 19TH STREET NW
SUITE 800

City State Zip Code
WASHINGTON DC 20036-3652

FEC ID number of contributing
federal political committee.

C C00396671

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.13125961

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOGAN & HARTSON PAC

Mailing Address 555 13TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20004-1109

FEC ID number of contributing
federal political committee.**C**

C00261339

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

Transaction ID: SA11.13125924

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C**

C00271007

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

2010

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.EMRK110

Amount of Each Receipt this Period

500.00

EARMARKED FOR LINCOLN DIA-
Z-BALART FOR CO**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C**

C00271007

Name of Employer

Occupation

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

2010

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.EMRK137

Amount of Each Receipt this Period

500.00

EARMARKED FOR PRICE FOR
CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 / 1070

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C**

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.EMRK143

Amount of Each Receipt this Period

1500.00

EARMARKED FOR ROSKAM FOR
CONGRESS COMMIT**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C**

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.EMRK147

Amount of Each Receipt this Period

2500.00

EARMARKED FOR SCHOCK FOR
CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C**

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11.EMRK153

Amount of Each Receipt this Period

1000.00

EARMARKED FOR SUE MYRICK
FOR CONGRESS**[MEMO ITEM]**

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK37

Amount of Each Receipt this Period

1500.00

EARMARKED FOR DAVE CAMP
FOR CONGRESS 201

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK4

Amount of Each Receipt this Period

1000.00

EARMARKED FOR BILL CASSIDY
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK58

Amount of Each Receipt this Period

500.00

EARMARKED FOR FRIENDS OF
JEB HENSARLING

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK78

Amount of Each Receipt this Period

500.00

EARMARKED FOR HELLER FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

HUMANA INC PAC

Mailing Address 975 F ST NW, STE 550

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00271007

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.EMRK87

Amount of Each Receipt this Period

1000.00

EARMARKED FOR JIM JORDAN
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00022343

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK113

Amount of Each Receipt this Period

2500.00

EARMARKED FOR LUCAS FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK117

Amount of Each Receipt this Period

1000.00

EARMARKED FOR LYNN JENKINS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK127

Amount of Each Receipt this Period

1000.00

EARMARKED FOR MCCAUL FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK129

Amount of Each Receipt this Period

500.00

EARMARKED FOR MCHENRY FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK151

Amount of Each Receipt this Period

1500.00

EARMARKED FOR SHELLEY MOORE
CAPITO FOR C

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK19

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CATHY MCMORRIS
RODGERS FOR

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK21

Amount of Each Receipt this Period

2500.00

EARMARKED FOR CHARLIE DENT
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 866 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK28

Amount of Each Receipt this Period

1000.00

EARMARKED FOR COLE FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK31

Amount of Each Receipt this Period

2000.00

EARMARKED FOR CONAWAY FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK38

Amount of Each Receipt this Period

2000.00

EARMARKED FOR DAVE CAMP FOR CONGRESS 201

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK41

Amount of Each Receipt this Period

2500.00

EARMARKED FOR DEVIN NUNES
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK53

Amount of Each Receipt this Period

1000.00

EARMARKED FOR FRIENDS OF
JACK KINGSTON

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK67

Amount of Each Receipt this Period

2000.00

EARMARKED FOR GEOFF DAVIS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK71

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GRAVES FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK75

Amount of Each Receipt this Period

1000.00

EARMARKED FOR GUTHRIE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK79

Amount of Each Receipt this Period

2000.00

EARMARKED FOR HELLER FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00022343

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK83

Amount of Each Receipt this Period

1000.00

EARMARKED FOR ISSA FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00022343

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK88

Amount of Each Receipt this Period

2500.00

EARMARKED FOR JIM JORDAN FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

INSURPAC

Mailing Address 412 FIRST ST SE STE 300

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00022343

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK96

Amount of Each Receipt this Period

2000.00

EARMARKED FOR JOE WILSON FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
KELLOGG BETTER GOVT. COMMITTEE

Mailing Address P.O. BOX 3599

City State Zip Code
BATTLE CREEK MI 49016-3599

FEC ID number of contributing
federal political committee. **C** C00039552

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133553

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KROGER PAC

Mailing Address 1014 VINE STREET

City State Zip Code
CINCINNATI OH 45202-1141

FEC ID number of contributing
federal political committee. **C** C00059238

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13102315

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LONE STAR LEADERSHIP PAC

Mailing Address 7315 WISCONSIN AVE STE 705

City State Zip Code
BETHESDA MD 20814-3202

FEC ID number of contributing
federal political committee. **C** C00415208

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133546

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 871 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MORGAN STANLEY PAC

Mailing Address 401 9TH STREET NW
SUITE 650

City State Zip Code
WASHINGTON DC 20004-2151

FEC ID number of contributing
federal political committee.

C C00337626

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133556

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF CHAIN DRUG STORES

Mailing Address P.O. BOX 1417-D49

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing
federal political committee.

C C00022368

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.13110192

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NEW PIONEERS PAC

Mailing Address 228 SO. WASHINGTON STREET
SUITE 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing
federal political committee.

C C00459123

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.13125921

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NUSTARPAC

Mailing Address 2330 NORTH LOOP 1694 WEST

City

SAN ANTONIO

State

TX

Zip Code

78248

FEC ID number of contributing
federal political committee.

C

C00435321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.13098576

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

OHIO NATIONAL LIFE INSURANCE COMPANY PAC

Mailing Address 1 FINANCIAL WAY

City

CINCINNATI

State

OH

Zip Code

45242-5851

FEC ID number of contributing
federal political committee.

C

C00296657

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.13102317

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

OHIO'S FUTURE PAC

Mailing Address 8405 INDIAN HILL ROAD

City

CINCINNATI

State

OH

Zip Code

45243-3703

FEC ID number of contributing
federal political committee.

C

C00440032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11.13113292

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PCIPAC

Mailing Address 2600 S. RIVER ROAD

City

DES PLAINES

State

IL

Zip Code

60018-3203

FEC ID number of contributing
federal political committee.

C

C00066472

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133550

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RELY ON YOUR BELIEFS FUND

Mailing Address 209 PENNSYLVANIA AVE SE

City

WASHINGTON

State

DC

Zip Code

20003-1107

FEC ID number of contributing
federal political committee.

C

C00344648

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13125925

Amount of Each Receipt this Period

9500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

SECURITIES INDUSTRY & FINANCIAL MARKETS ASSOC., PAC

Mailing Address 1101 NEW YORK AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20005-4269

FEC ID number of contributing
federal political committee.

C

C00431312

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133558

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

22000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 / 1070

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SMITHKLINE BEECHAM CORPORATION PAC

Mailing Address P.O. BOX 13358
5 MOORE DRIVE

City State Zip Code
DURHAM NC 27709-3358

FEC ID number of contributing
federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.13125926

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
SQUIRE SANDERS PAC

Mailing Address 1201 PENNSYLVANIA AVENUE, NW

City State Zip Code
WASHINGTON DC 20004-2401

FEC ID number of contributing
federal political committee. **C** C00444935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11.13110176

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
TENN PAC, INC.

Mailing Address 6213 CHARLOTTE AVENUE
SUITE 112

City State Zip Code
NASHVILLE TN 37209-3038

FEC ID number of contributing
federal political committee. **C** C00388421

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.13133590

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE HOME DEPOT INC PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 800W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK102

Amount of Each Receipt this Period

1000.00

EARMARKED FOR KAY GRANGER
CAMPAIGN FUND

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

THE HOME DEPOT INC PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 800W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK138

Amount of Each Receipt this Period

2500.00

EARMARKED FOR PRICE FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

THE HOME DEPOT INC PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 800W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK160

Amount of Each Receipt this Period

2500.00

EARMARKED FOR WESTMORELAND
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE HOME DEPOT INC PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 800W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK22

Amount of Each Receipt this Period

1500.00

EARMARKED FOR CHARLIE DENT
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)

THE HOME DEPOT INC PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 800W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2009

Transaction ID: SA11.EMRK54

Amount of Each Receipt this Period

2500.00

EARMARKED FOR FRIENDS OF
JACK KINGSTON

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)

THOMPSON HINE NATIONAL GOOD GOVERNMENT FUND

Mailing Address 127 PUBLIC SQUARE
3900 KEY CENTER

City State Zip Code
CLEVELAND OH 44114-1217

FEC ID number of contributing
federal political committee.

C C00163196

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 16 2009

Transaction ID: SA11.13113288

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 877 / 1070

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 GLENLAKE PKWY NE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK106

Amount of Each Receipt this Period

2000.00

EARMARKED FOR LATTA FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 GLENLAKE PKWY NE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK118

Amount of Each Receipt this Period

2000.00

EARMARKED FOR LYNN JENKINS
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 GLENLAKE PKWY NE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11.EMRK122

Amount of Each Receipt this Period

2000.00

EARMARKED FOR MARSHA BLAC-
KBURN FOR CONGR

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 878 / 1070

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 GLENLAKE PKWY NE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK35

Amount of Each Receipt this Period

1000.00

EARMARKED FOR CULBERSON
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

B.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 GLENLAKE PKWY NE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK80

Amount of Each Receipt this Period

1000.00

EARMARKED FOR HELLER FOR
CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

C.

Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 GLENLAKE PKWY NE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11.EMRK89

Amount of Each Receipt this Period

2000.00

EARMARKED FOR JIM JORDAN
FOR CONGRESS

[MEMO ITEM]

SEE SCHEDULE B, LINE 23

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VICTORY PAC

Mailing Address P.O. BOX 525

City State Zip Code
ST PETERSBURG FL 33731-0525

FEC ID number of contributing
federal political committee. **C** C00344374

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133545

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WILLIS NORTH AMERICA PAC

Mailing Address 7 HANOVER SQUARE

City State Zip Code
NEW YORK NY 10004-2616

FEC ID number of contributing
federal political committee. **C** C00418731

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.13110199

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, PAC

Mailing Address 805 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005-2207

FEC ID number of contributing
federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11.13133548

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 880 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ZIONS BANCORPORATION PAC

Mailing Address ONE MAIN STREET

City

SALT LAKE CITY

State

UT

Zip Code

84111

FEC ID number of contributing
federal political committee.

C

C00275230

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.13125946

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

1228100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 / 1070

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TESIDCO-NRCC VICTORY FUND

Mailing Address 228 S. WASHINGTON ST.
STE. 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6306.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF000

Amount of Each Receipt this Period

6306.40

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE W. LOEWENBAUM

Mailing Address 1708 WINDSOR ROAD

City State Zip Code
AUSTIN TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF1024

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION - TEDISCO-NRCC

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JOE P. MURPHY

Mailing Address 519 BLACKJACK OAK

City State Zip Code
SHAVANO PARK TX 78230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MURPHY TOMATOES

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF751

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION - TEDISCO-NRCC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

6306.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 / 1070

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TOM SANSONE

Mailing Address 15900 GULF BLVD

City

REDINGTON BEACH

State

FL

Zip Code

33708

FEC ID number of contributing
federal political committee.

C

Name of Employer
JABIL, INC

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF999

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION - TEDISCO-
NRCC

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address 12416 N. 57TH DRIVE

City

GLENDALE

State

AZ

Zip Code

85304

FEC ID number of contributing
federal political committee.

C

C00367110

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF97

Amount of Each Receipt this Period

8000.00

JFC ATTRIBUTION - TEDISCO-
NRCC

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FREE AND STRONG AMERICA PAC, INC.

Mailing Address P.O. BOX 79226

City

BELMONT

State

MA

Zip Code

02479

FEC ID number of contributing
federal political committee.

C

C00449280

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF420

Amount of Each Receipt this Period

274.62

JFC ATTRIBUTION - TEDISCO-
NRCC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 / 1070

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GOODE FOR CONGRESS

Mailing Address 235 S. MAIN STREET

City

ROCKY MOUNT

State

VA

Zip Code

24151

FEC ID number of contributing
federal political committee.

C C00315986

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF507

Amount of Each Receipt this Period

500.00

JFC ATTRIBUTION - TEDISCO-
NRCC VICTORY

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

THE FREEDOM PROJECT, PAC

Mailing Address 424 C. STREET, NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C C00305805

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA12.TVF487

Amount of Each Receipt this Period

15000.00

JFC ATTRIBUTION - TEDISCO-
NRCC

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

WESTMORELAND VICTORY COMMITTEE

Mailing Address PO BOX 1117

City

SHARPSBURG

State

GA

Zip Code

30277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30020.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA12.WVC

Amount of Each Receipt this Period

30020.13

TRANSFER OF JOINT FUNDRAI-
SING PROCEEDS

SUBTOTAL of Receipts This Page (optional)

30020.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 / 1070

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM WALKER

Mailing Address 171 COUNTY LINE ROAD

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing
federal political committee.

C

Name of Employer
WALKER CONCRETE

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA12.WVC1

Amount of Each Receipt this Period

30700.00

JFC ATTRIBUTION - WESTMOR-
ELAND VICTORY

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2049000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA12.RNC

Amount of Each Receipt this Period

49000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

49000.00

TOTAL This Period (last page this line number only)

85326.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 / 1070

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MORAN FOR KANSAS

Mailing Address PO BOX 1151

City State Zip Code
HAYS KS 67601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA15-0.000436

Amount of Each Receipt this Period

325.00

REFUND - MEDIA

B.

Full Name (Last, First, Middle Initial)
AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City State Zip Code
LOUISVILLE KY 40290-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4451.57

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA15-0.000430

Amount of Each Receipt this Period

1188.66

REFUND - INSURANCE

C.

Full Name (Last, First, Middle Initial)
AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City State Zip Code
LOUISVILLE KY 40290-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4451.57

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA15-0.000431

Amount of Each Receipt this Period

2889.77

REFUND - INSURANCE

SUBTOTAL of Receipts This Page (optional)

4403.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 886 / 1070

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City

PHILADELPHIA

State

PA

Zip Code

19125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22247.78

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA15-0.000432

Amount of Each Receipt this Period

16512.90

REFUND - POSTAGE

B.

Full Name (Last, First, Middle Initial)

MUTUAL OF OMAHA INSURANCE CO

Mailing Address PO BOX 743102

City

CINCINNATI

State

OH

Zip Code

45274-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.49

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA15-0.000434

Amount of Each Receipt this Period

271.49

REFUND - INSURANCE

C.

Full Name (Last, First, Middle Initial)

ONMESSAGE

Mailing Address 2130 PRIEST BRIDGE DR # 11

City

CROFTON

State

MD

Zip Code

21114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33600.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA15-0.000437

Amount of Each Receipt this Period

33600.55

REFUND - MEDIA

SUBTOTAL of Receipts This Page (optional)

50384.94

TOTAL This Period (last page this line number only)

54788.37

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 887 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WHITAKER L ASKEW	Transaction ID: SB21-0.009963 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>4</td><td>1</td><td>5</td><td>.</td><td>7</td><td>1</td> </tr> </table>	4	1	5	.	7	1														
4	1	5	.	7	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WHITAKER L ASKEW	Transaction ID: SB21-0.010044 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>5</td><td>5</td><td>3</td><td>7</td><td>.</td><td>4</td><td>8</td> </tr> </table>	5	5	3	7	.	4	8													
5	5	3	7	.	4	8															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WHITAKER L ASKEW	Transaction ID: SB21-0.010137 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>4</td><td>1</td><td>1</td><td>.</td><td>7</td><td>3</td> </tr> </table>	4	1	1	.	7	3														
4	1	1	.	7	3																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6364.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 888 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RACHEL BAILEY

Mailing Address 4916 THOROUGHbred LANE

City
BRENTWOOD

State
TN

Zip Code
37027

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

133.07

B.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1268.50

C.

Full Name (Last, First, Middle Initial)

JACKIE M BARBER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1264.54

SUBTOTAL of Disbursements This Page (optional)

2666.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 889 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009965

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2917.69

B.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010139

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2906.75

C.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009966

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1406.96

SUBTOTAL of Disbursements This Page (optional)

7231.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 890 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY A BLAIR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010140

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1403.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009967

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1961.94

C.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010141

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1951.00

SUBTOTAL of Disbursements This Page (optional)

5315.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 891 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009968

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

932.43

B.

Full Name (Last, First, Middle Initial)

LISA BOOTHE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010142

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

891.89

C.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009969

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1299.37

SUBTOTAL of Disbursements This Page (optional)

3123.69

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 893 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009971

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1209.84

B.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1205.90

C.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1979.87

SUBTOTAL of Disbursements This Page (optional)

4395.61

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 894 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009972

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2140.16

B.

Full Name (Last, First, Middle Initial)

RYAN CARNEY

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

2129.22

C.

Full Name (Last, First, Middle Initial)

CHRIS CARR

Mailing Address 2267 DESERT PRAIRIE ST

City
LAS VEGASState
NVZip Code
89135Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009772

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

9200.00

SUBTOTAL of Disbursements This Page (optional)

13469.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 895 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRIS CARR

Mailing Address 2267 DESERT PRAIRIE ST

City LAS VEGAS State NV Zip Code 89135

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009799

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

2791.03

B.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009973

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

793.97

C.

Full Name (Last, First, Middle Initial)

GENEVIEVE CARTER

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010147

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

790.03

SUBTOTAL of Disbursements This Page (optional)

4375.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 896 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009974

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

885.97

B.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010148

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1381.22

C.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009975

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1144.84

SUBTOTAL of Disbursements This Page (optional)

3412.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 897 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010150

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1140.90

B.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

412.21

C.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1306.69

SUBTOTAL of Disbursements This Page (optional)

2859.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 898 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERICA CROCKER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010151

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1302.71

B.

Full Name (Last, First, Middle Initial)

CALEB CROSBY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009877

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

133.99

C.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009977

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

4080.10

SUBTOTAL of Disbursements This Page (optional)

5516.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 899 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALEB F CROSBY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010149

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

4252.29

B.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009978

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1708.11

C.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010152

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1697.17

SUBTOTAL of Disbursements This Page (optional)

7657.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 900 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2970.75

B.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010154

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2966.80

C.

Full Name (Last, First, Middle Initial)

THOMAS J DUNN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009981

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1271.59

SUBTOTAL of Disbursements This Page (optional)

7209.14

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 902 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010156

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1464.91

B.

Full Name (Last, First, Middle Initial)

BRANDON T EDEN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009983

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1127.84

C.

Full Name (Last, First, Middle Initial)

BRANDON T EDEN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010157

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1123.89

SUBTOTAL of Disbursements This Page (optional)

3716.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 903 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009985

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2276.57

B.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010051

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

1290.87

C.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010158

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2272.63

SUBTOTAL of Disbursements This Page (optional)

5840.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 904 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS ERICKSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010165

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2848.42

B.

Full Name (Last, First, Middle Initial)

MEGAN K FORAN

Mailing Address 97 BEAUMONT COURT

City
TINTON FALLS

State
NJ

Zip Code
07724

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010133

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1047.76

C.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009986

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2011.62

SUBTOTAL of Disbursements This Page (optional)

5907.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 905 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010159

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2007.65

B.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009984

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

3476.13

C.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010052

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

823.88

SUBTOTAL of Disbursements This Page (optional)

6307.66

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 906 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010132

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

538.40

B.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010160

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

3472.17

C.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009987

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2235.59

SUBTOTAL of Disbursements This Page (optional)

6246.16

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 907 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010161

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

4935.23

B.

Full Name (Last, First, Middle Initial)

SCOTT GLUCK

Mailing Address 23721 NEW MOUNTAIN RD

City
ALDIEState
VAZip Code
20105Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009775

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

10881.07

C.

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009988

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1333.91

SUBTOTAL of Disbursements This Page (optional)

17150.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 908 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ASHLEY GODWIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010162

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1329.94

B.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009989

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1546.26

C.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010163

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1542.31

SUBTOTAL of Disbursements This Page (optional)

4418.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 909 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009990

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2688.72

B.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010164

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2677.78

C.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009991

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

3976.32

SUBTOTAL of Disbursements This Page (optional)

9342.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 910 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010166

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

3965.37

B.

Full Name (Last, First, Middle Initial)

MARY-MARGARET HASSLOCHER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009992

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

910.14

C.

Full Name (Last, First, Middle Initial)

MARY-MARGARET HASSLOCHER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010167

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

906.18

SUBTOTAL of Disbursements This Page (optional)

5781.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 911 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009993

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1380.31

B.

Full Name (Last, First, Middle Initial)

HEATHER HENDERSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1376.36

C.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009994

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2445.94

SUBTOTAL of Disbursements This Page (optional)

5202.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 912 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010169

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2441.97

B.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009995

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

665.57

C.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010175

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

661.60

SUBTOTAL of Disbursements This Page (optional)

3769.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 913 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSICA JAMES

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009996

Date of Disbursement

/ /

Amount of Each Disbursement this Period

955.53

B.

Full Name (Last, First, Middle Initial)

JESSICA JAMES

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

951.57

C.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009997

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1348.55

SUBTOTAL of Disbursements This Page (optional)

3255.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 914 / 1070

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010171

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1344.60

B.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009808

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

2090.55

C.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009889

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1674.75

SUBTOTAL of Disbursements This Page (optional)

5109.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1624.91

B.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1620.94

C.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1330.94

SUBTOTAL of Disbursements This Page (optional)

4576.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 916 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010053

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

354.08

B.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010173

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1326.99

C.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010000

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1015.45

SUBTOTAL of Disbursements This Page (optional)

2696.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 917 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

234.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1011.49

C.

Full Name (Last, First, Middle Initial)

JANICE L KNOPP

Mailing Address 236 KENTUCKY AVE SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

11245.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 918 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010001

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1327.05

B.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010177

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1323.10

C.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010002

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

3095.55

SUBTOTAL of Disbursements This Page (optional)

5745.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 919 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALEX LAWHON

Mailing Address 320 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010105

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

2367.67

B.

Full Name (Last, First, Middle Initial)

ALEXANDER LAWHON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010178

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

3084.60

C.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010003

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1991.97

SUBTOTAL of Disbursements This Page (optional)

7444.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 920 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAUN LEDGERWOOD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010179

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1981.01

B.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010004

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2239.34

C.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010055

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

1029.89

SUBTOTAL of Disbursements This Page (optional)

5250.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 921 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL A LINDSAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010180

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2235.37

B.

Full Name (Last, First, Middle Initial)

MICHAEL LYNCH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010136

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010005

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1406.26

SUBTOTAL of Disbursements This Page (optional)

4641.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 922 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010129

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

496.99

B.

Full Name (Last, First, Middle Initial)

REBECCA MARK

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010181

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1402.31

C.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010006

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2322.24

SUBTOTAL of Disbursements This Page (optional)

4221.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALVATORE MAZZOLA

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010183

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2311.28

B.

Full Name (Last, First, Middle Initial)

SALLY D MCALLISTER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010007

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2856.57

C.

Full Name (Last, First, Middle Initial)

SALLY D MCALLISTER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010184

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2852.62

SUBTOTAL of Disbursements This Page (optional)

8020.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 924 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009894

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1738.70

B.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010008

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

415.12

C.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010185

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

411.14

SUBTOTAL of Disbursements This Page (optional)

2564.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009918

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

491.12

B.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010010

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1136.70

C.

Full Name (Last, First, Middle Initial)

BRANDON MILLS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010186

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1132.73

SUBTOTAL of Disbursements This Page (optional)

2760.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

931.20

B.

Full Name (Last, First, Middle Initial)

GEORGE NASSAR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

927.25

C.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1138.95

SUBTOTAL of Disbursements This Page (optional)

2997.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 927 / 1070

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER NELSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010188

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1135.01

B.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2265.09

C.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

186.15

SUBTOTAL of Disbursements This Page (optional)

3586.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 928 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2261.13

B.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010014

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1792.35

C.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1788.39

SUBTOTAL of Disbursements This Page (optional)

5841.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 929 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010015

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2085.27

B.

Full Name (Last, First, Middle Initial)

LIBRADO PADILLA

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2081.32

C.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1368.61

SUBTOTAL of Disbursements This Page (optional)

5535.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 930 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINDSAY PERKINSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1364.66

B.

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010017

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1209.86

C.

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1205.88

SUBTOTAL of Disbursements This Page (optional)

3780.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 931 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010018

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2874.75

B.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010194

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2863.82

C.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010019

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1317.81

SUBTOTAL of Disbursements This Page (optional)

7056.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 932 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CELIA RILEY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010195

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1313.83

B.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010020

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

891.69

C.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010196

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

887.75

SUBTOTAL of Disbursements This Page (optional)

3093.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 933 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PABLO SANCHEZ

Mailing Address 1032 N DANVILLE ST

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
PERSONNEL SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009781

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

5167.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010021

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1195.62

C.

Full Name (Last, First, Middle Initial)

JOSEPH G SCIARRINO

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010197

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1191.66

SUBTOTAL of Disbursements This Page (optional)

7554.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 934 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANDREW SERE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010022

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1940.59

B.

Full Name (Last, First, Middle Initial)

ANDREW SERE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1936.62

C.

Full Name (Last, First, Middle Initial)

PETE SESSIONS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009926

Date of Disbursement

/ /

Amount of Each Disbursement this Period

64.53

SUBTOTAL of Disbursements This Page (optional)

3941.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 935 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010023

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

748.18

B.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010199

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

737.25

C.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010024

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2691.32

SUBTOTAL of Disbursements This Page (optional)

4176.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 936 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

316.61

B.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

2687.36

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009928

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1293.56

SUBTOTAL of Disbursements This Page (optional)

4297.53

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 938 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAT SHORTRIDGE

Mailing Address 1505 OSPREY CT

City LINO LAKES State MN Zip Code 55038

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009930

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2718.14

B.

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010026

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3172.00

C.

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3168.03

SUBTOTAL of Disbursements This Page (optional)

9058.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 939 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010027

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1008.16

B.

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010203

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1004.21

C.

Full Name (Last, First, Middle Initial)

JONATHAN THOMPSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010028

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1205.63

SUBTOTAL of Disbursements This Page (optional)

3218.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 940 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN THOMPSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010204

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1201.65

B.

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010034

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

965.03

C.

Full Name (Last, First, Middle Initial)

HOLLY THURMOND

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010205

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

961.07

SUBTOTAL of Disbursements This Page (optional)

3127.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 941 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010030

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

4433.81

B.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010064

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

1699.91

C.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010206

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

4422.88

SUBTOTAL of Disbursements This Page (optional)

10556.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 942 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010031

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1673.43

B.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010207

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1669.47

C.

Full Name (Last, First, Middle Initial)

MATT VRIESEMA

Mailing Address 811 C STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010116

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

871.25

SUBTOTAL of Disbursements This Page (optional)

4214.15

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 944 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.07

B.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010208

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3972.69

C.

Full Name (Last, First, Middle Initial)

ROB WITTMAN

Mailing Address 1318 LONGWORTH HOB

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010065

Date of Disbursement

/ /

Amount of Each Disbursement this Period

147.63

SUBTOTAL of Disbursements This Page (optional)

4140.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 945 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010033

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1385.56

B.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010209

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1381.62

C.

Full Name (Last, First, Middle Initial)

ABR SERVICES

Mailing Address 14849 PERSISTENCE DR

City
WOODBIDGE

State
VA

Zip Code
22191

Purpose of Disbursement
POSTAGE/PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009859

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

102041.45

SUBTOTAL of Disbursements This Page (optional)

104808.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 946 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AERIAL

Mailing Address 411 BROADWAY AVENUE

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009791

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010042

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

90729.95

C.

Full Name (Last, First, Middle Initial)

AMAZON.COM

Mailing Address 1200 12TH AVE

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010538

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

59.56

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

91729.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 947 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMTRAK

Mailing Address 60 MASSACHUSETTS AVE NW

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010540

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

48.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ART.COM

Mailing Address 10700 WORLD TRADE BLVD
STE 100

City
RALEIGH

State
NC

Zip Code
27617

Purpose of Disbursement
PHOTOGRAPHS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010542

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

197.96

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AT&T MOBILITY

Mailing Address PO BOX 6463

City
CAROL STREAM

State
IL

Zip Code
60197-6463

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010544

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

210.44

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 948 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BIZCHAIR.COM

Mailing Address 4350 BALL GOUND HWY

City
CANTON

State
GA

Zip Code
30114

Purpose of Disbursement
FURNITURE PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010546

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

623.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

BIZCHAIR.COM

Mailing Address 4350 BALL GOUND HWY

City
CANTON

State
GA

Zip Code
30114

Purpose of Disbursement
FURNITURE PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010548

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

356.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address PO BOX 4658

City
HOUSTON

State
TX

Zip Code
77210-4658

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010550

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

455.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 949 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address PO BOX 4658

City
HOUSTON

State
TX

Zip Code
77210-4658

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010552

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

233.12

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELL

Mailing Address 1 DELL WAY

City
ROUND ROCK

State
TX

Zip Code
78682-2222

Purpose of Disbursement
COMPUTER SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010554

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

347.39

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DELL

Mailing Address 1 DELL WAY

City
ROUND ROCK

State
TX

Zip Code
78682-2222

Purpose of Disbursement
COMPUTER SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010556

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

1939.73

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 950 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010558

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES INC

Mailing Address PO BOX 20706

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010560

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

310.19

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

EACCESS SOLUTIONS

Mailing Address 407 N QUENTIN RD

City
PALATINE

State
IL

Zip Code
60067

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010562

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

35.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 951 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOTEL PARK CITY

Mailing Address 2001 PARK AVE

City State Zip Code
PARK CITY UT 84060

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010564

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

231.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

HOTEL PARK CITY

Mailing Address 2001 PARK AVE

City State Zip Code
PARK CITY UT 84060

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010566

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

231.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MANDALAY BAY HOTEL

Mailing Address 3950 LAS VEGAS BLVD S

City State Zip Code
LAS VEGAS NV 89119

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010621

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

-156.79

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 952 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code
 BETHESDA MD 20817

Purpose of Disbursement
 TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010570

Date of Disbursement

/ /

Amount of Each Disbursement this Period

251.86

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City State Zip Code
 BETHESDA MD 20817

Purpose of Disbursement
 TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010572

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1484.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

MOUNTAIN TRANSPORTATION

Mailing Address PO BOX 681686

City State Zip Code
 PARK CITY UT 84068-1686

Purpose of Disbursement
 TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEMACOLIN WOODLANDS RESORT

Mailing Address 1001 LAFAYETTE DR

City
FARMINGTON

State
PA

Zip Code
15437

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010576

Date of Disbursement

/ /

Amount of Each Disbursement this Period

64183.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

OFFICE FURNITURE.COM

Mailing Address 735 N WATER ST
STE 400

City
MILWAUKEE

State
WI

Zip Code
53203

Purpose of Disbursement
FURNITURE PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010578

Date of Disbursement

/ /

Amount of Each Disbursement this Period

448.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SAFEWAY

Mailing Address 5918 STONERIDGE MALL RD

City
PLEASANTON

State
CA

Zip Code
94588

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010580

Date of Disbursement

/ /

Amount of Each Disbursement this Period

247.85

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-ICR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

178.70

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-ICR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010584

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

69.60

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-ICR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010586

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

163.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 955 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STANFORD PARK HOTEL

Mailing Address 100 EL CAMINO REAL

City
MENLO PARK

State
CA

Zip Code
94025

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010588

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

117.96

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

STANFORD PARK HOTEL

Mailing Address 100 EL CAMINO REAL

City
MENLO PARK

State
CA

Zip Code
94025

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010590

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

455.68

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

STANFORD PARK HOTEL

Mailing Address 100 EL CAMINO REAL

City
MENLO PARK

State
CA

Zip Code
94025

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010592

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

455.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 957 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE VENETIAN RESORT

Mailing Address 3355 LAS VEGAS BLVD S.

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010606

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

178.08

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

UNITED AIRLINES INC

Mailing Address 77 W WACKER DR

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010600

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

UNITED AIRLINES INC

Mailing Address 77 W WACKER DR

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

79.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UTAH FOOD SERVICES

Mailing Address 100 SW TEMPLE

City
SALT LAKE CITY

State
UT

Zip Code
84101

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010604

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

4822.78

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 25505

City
LEHIGH VALLEY

State
PA

Zip Code
18002-5505

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010608

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

7902.44

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VISION EFFECTS

Mailing Address 18 VICKSBURG ST

City
SAN FRANCISCO

State
CA

Zip Code
94114

Purpose of Disbursement
COMPUTER SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010610

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

595.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 959 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010614

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010616

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010618

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

2334.35

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 960 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010620

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

WIRELESS CONNECTIONS

Mailing Address 166 MILAN AVE

City
NORWALKState
OHZip Code
44857Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010612

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Amount of Each Disbursement this Period

688.99

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City
EL PASOState
TXZip Code
79998Purpose of Disbursement
BANK FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010307

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

4417.77

SUBTOTAL of Disbursements This Page (optional)

4417.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT</p> <p>Mailing Address PO BOX 981532</p> <p>City EL PASO State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21-0.010310</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 43.51</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT</p> <p>Mailing Address PO BOX 981532</p> <p>City EL PASO State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21-0.010313</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 500.17</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT</p> <p>Mailing Address PO BOX 981532</p> <p>City EL PASO State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21-0.010317</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 8154.77</p>

SUBTOTAL of Disbursements This Page (optional)

8698.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City
EL PASO

State
TX

Zip Code
79998

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010320

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

586.68

B.

Full Name (Last, First, Middle Initial)

ANOTHER PRINTING INC

Mailing Address 10 BUSH RIVER COURT

City
COLUMBIA

State
SC

Zip Code
29210

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010222

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

756.50

C.

Full Name (Last, First, Middle Initial)

AT&T MOBILITY

Mailing Address PO BOX 6463

City
CAROL STREAM

State
IL

Zip Code
60197-6463

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009867

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

483.78

SUBTOTAL of Disbursements This Page (optional)

1826.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. AUTOMATIC DATA PROCESSING

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement
PAYROLL SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009863

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Amount of Each Disbursement this Period

348.40

B. AUTOMATIC DATA PROCESSING

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement
PAYROLL SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010043

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Amount of Each Disbursement this Period

367.44

C. AVIS RENT A CAR SYSTEM INC

Full Name (Last, First, Middle Initial)

AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009792

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Amount of Each Disbursement this Period

956.98

SUBTOTAL of Disbursements This Page (optional)

1672.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City
CHICAGO

State
IL

Zip Code
60693

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3549.36

B.

Full Name (Last, First, Middle Initial)

BARBARA'S PARTY RENTAL

Mailing Address PO BOX 1829

City
SUN VALLEY

State
ID

Zip Code
83353

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

129.14

C.

Full Name (Last, First, Middle Initial)

BERKE & ASSOCIATES PLLC

Mailing Address 1901 PENNSYLVANIA AVE NW
SUITE 300

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8678.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BLUE SWARM

Mailing Address 70 BROADWAY STREET

City WESTFORD State MA Zip Code 01886

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009794

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

617.74

B.

Full Name (Last, First, Middle Initial)

BLUE SWARM

Mailing Address 70 BROADWAY STREET

City WESTFORD State MA Zip Code 01886

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010093

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

108.75

C.

Full Name (Last, First, Middle Initial)

BLUE SWARM

Mailing Address 70 BROADWAY STREET

City WESTFORD State MA Zip Code 01886

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010223

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

149.55

SUBTOTAL of Disbursements This Page (optional)

876.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BR CONSULTING LLC

Mailing Address 9309 CLANBROOK CT

City
FAIRFAX

State
VA

Zip Code
22031

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

716.25

B.

Full Name (Last, First, Middle Initial)

BURCH MUNFORD DIRECT

Mailing Address 901 N WASHINGTON ST, STE 300

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4098.51

C.

Full Name (Last, First, Middle Initial)

BURCH MUNFORD DIRECT

Mailing Address 901 N WASHINGTON ST, STE 300

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009944

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27500.00

SUBTOTAL of Disbursements This Page (optional)

32314.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALVERT-JONES COMPANY

Mailing Address 5703 EDSALL RD

City
ALEXANDRIA

State
VA

Zip Code
22304

Purpose of Disbursement
EQUIPMENT MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010048

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3894.17

B.

Full Name (Last, First, Middle Initial)

CAMPAIGN RESOURCE GROUP

Mailing Address P.O. BOX 230197

City
GRAND RAPIDS

State
MI

Zip Code
49523

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009946

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16536.16

C.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N. SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

20505.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N. SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009796

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

10050.00

B.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N. SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
ECAMPAIGN CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010318

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

7912.06

C.

Full Name (Last, First, Middle Initial)

CAPITOL HILL LISTS

Mailing Address 264 N LUMPKIN STREET # 202

City
ATHENS

State
GA

Zip Code
30601

Purpose of Disbursement
LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009797

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

5031.51

SUBTOTAL of Disbursements This Page (optional)

22993.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 969 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009869

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

274.21

B.

Full Name (Last, First, Middle Initial)

CAREFREE OFFICE TECHNOLOGY INC

Mailing Address 7000 INFANTRY RIDGE RD
STE 100

City
MANASSAS

State
VA

Zip Code
20109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010049

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

286.09

C.

Full Name (Last, First, Middle Initial)

CITY CLUB OF FORT WORTH

Mailing Address 301 COMMERCE STREET, STE 400

City
FT WORTH

State
TX

Zip Code
76102

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010095

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

749.22

SUBTOTAL of Disbursements This Page (optional)

1309.52

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

63.45

15082.66

12463.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address **7704 LEESBURG PIKE**

City **FALLS CHURCH** State **VA** Zip Code **22042**

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25558.76

B.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address **7704 LEESBURG PIKE**

City **FALLS CHURCH** State **VA** Zip Code **22042**

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2164.89

C.

Full Name (Last, First, Middle Initial)
COMMUNICATION CORP OF AMERICA

Mailing Address **13195 FREEDOM WAY**

City **BOSTON** State **VA** Zip Code **22713**

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8073.44

SUBTOTAL of Disbursements This Page (optional)

35797.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 972 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement
POSTAGE/PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009801

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

32250.40

B.

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009857

Date of Disbursement

09 / 09 / 2009

Amount of Each Disbursement this Period

40400.00

C.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010037

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

301.04

SUBTOTAL of Disbursements This Page (optional)

72951.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 973 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City
ANNAPOLIS

State
MD

Zip Code
21411

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010214

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

301.04

B.

Full Name (Last, First, Middle Initial)

CONFERENCE AMERICA INC

Mailing Address PO BOX 241188

City
MONTGOMERY

State
AL

Zip Code
36124-1188

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009873

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

5852.98

C.

Full Name (Last, First, Middle Initial)

CONRAD DIRECT INC

Mailing Address 300 KNICKERBOCKER RD

City
CRESSKILL

State
NJ

Zip Code
07626

Purpose of Disbursement
LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009802

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

200.20

SUBTOTAL of Disbursements This Page (optional)

6354.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 974 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONTINENTAL SERVICES, INC.

Mailing Address 10300 HARRY J. PARRISH BLVD

City
MANASSAS

State
VA

Zip Code
20110

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010123

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

1397.70

B.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City
GERMANTOWN

State
MD

Zip Code
20876

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009949

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

43000.00

C.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City
GERMANTOWN

State
MD

Zip Code
20876

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010225

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

12000.00

SUBTOTAL of Disbursements This Page (optional)

56397.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID CHARLOWE DESIGN

Mailing Address 1000 URLIN AVENUE, STE 1818

City State Zip Code
COLUMBUS OH 43212

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009950

Date of Disbursement

M M / D D / Y Y Y Y
09 11 2009

Amount of Each Disbursement this Period

1344.40

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City State Zip Code
WASHINGTON DC 20090-6384

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009861

Date of Disbursement

M M / D D / Y Y Y Y
09 11 2009

Amount of Each Disbursement this Period

660.00

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City State Zip Code
WASHINGTON DC 20090-6384

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009881

Date of Disbursement

M M / D D / Y Y Y Y
09 11 2009

Amount of Each Disbursement this Period

2178.54

SUBTOTAL of Disbursements This Page (optional)

4182.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 976 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010035

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

4484.05

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010036

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

209.71

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010210

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

4810.84

SUBTOTAL of Disbursements This Page (optional)

9504.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010211

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

241.72

B.

Full Name (Last, First, Middle Initial)

DELMARVA PRINTING

Mailing Address 2110 WINDSOR DRIVE

City
SALISBURY

State
MD

Zip Code
21801

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010097

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

560.00

C.

Full Name (Last, First, Middle Initial)

DISCOVER FINANCIAL SERVICES

Mailing Address PO BOX 30943

City
SALT LAKE CITY

State
UT

Zip Code
84130-0943

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010321

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

15.15

SUBTOTAL of Disbursements This Page (optional)

816.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 978 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EMOTIVE

Mailing Address 2800 SHIRLINGTON RD
STE 901

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010098

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

4507.46

B.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009774

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

GOOGLE INC

Mailing Address 1101 NEW YORK AVE NW
SECOND FLOOR

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009883

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

11.00

SUBTOTAL of Disbursements This Page (optional)

14518.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GUARDIAN LIFE INSURANCE COMPANY

Mailing Address PO BOX 95101

City CHICAGO State IL Zip Code 60694-5101

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010131

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

39137.30

B. Full Name (Last, First, Middle Initial)
GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD
STE 105

City AUSTIN State TX Zip Code 78757

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009804

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

3755.87

C. Full Name (Last, First, Middle Initial)
GULF DIRECT

Mailing Address 8213 SHOAL CREEK BLVD
STE 105

City AUSTIN State TX Zip Code 78757

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009885

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

8025.00

SUBTOTAL of Disbursements This Page (optional)

50918.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 980 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GULF DIRECT</p> <p>Mailing Address 8213 SHOAL CREEK BLVD STE 105</p> <p>City AUSTIN State TX Zip Code 78757</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.010099</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1558.80</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) GULF DIRECT</p> <p>Mailing Address 8213 SHOAL CREEK BLVD STE 105</p> <p>City AUSTIN State TX Zip Code 78757</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.010125</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) GULF DIRECT</p> <p>Mailing Address 8213 SHOAL CREEK BLVD STE 105</p> <p>City AUSTIN State TX Zip Code 78757</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.010227</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 900.00</p>

SUBTOTAL of Disbursements This Page (optional)

17458.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

H&RS EVENT PLANNING AND CONSULTING, LLC

Mailing Address P.O. BOX 9134

City
CINCINNATI

State
OH

Zip Code
45209

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009951

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

H&RS EVENT PLANNING AND CONSULTING, LLC

Mailing Address P.O. BOX 9134

City
CINCINNATI

State
OH

Zip Code
45209

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010228

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

2588.45

C.

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL PLLC

Mailing Address 98 ALEXANDRIA PIKE
STE 53

City
WARRENTON

State
VA

Zip Code
20186

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009776

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

12500.00

SUBTOTAL of Disbursements This Page (optional)

25088.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 982 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD
STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009805

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

8325.00

B.

Full Name (Last, First, Middle Initial)

HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD
STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010229

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1636.31

C.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009777

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

19961.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 983 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City
PHILADELPHIA

State
PA

Zip Code
19125

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009806

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

11286.79

B.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City
AKRON

State
OH

Zip Code
44333

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009807

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

117991.60

C.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City
AKRON

State
OH

Zip Code
44333

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009952

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

41492.57

SUBTOTAL of Disbursements This Page (optional) ▶

170770.96

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 984 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010100

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

856808.00

B. Full Name (Last, First, Middle Initial)
INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010230

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

137728.49

C. Full Name (Last, First, Middle Initial)
INSERVICE AMERICA

Mailing Address 129 VISTA CENTRE DRIVE

City FOREST State VA Zip Code 24551

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010101

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

5006.25

SUBTOTAL of Disbursements This Page (optional)

999542.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 985 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN GILL CONSULTING

Mailing Address 3424 WENTWOOD DR

City
DALLAS

State
TX

Zip Code
75225

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010102

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

LMP PHOTOGRAPHY

Mailing Address 2663 LUCKY JOHN DRIVE

City
PARK CITY

State
UT

Zip Code
84060

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009811

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

550.00

C.

Full Name (Last, First, Middle Initial)

MAGELLAN DATA AND MAPPING

Mailing Address 1685 BOXELDER ST
STE 300

City
LOUISVILLE

State
CO

Zip Code
80027

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009813

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

2759.50

SUBTOTAL of Disbursements This Page (optional)

8309.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAMSI LIFE AND HEALTH

Mailing Address PO BOX 13615

City
PHILADELPHIAState
PAZip Code
19101-3615Purpose of Disbursement
INSURANCE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009892

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

557.32

B.

Full Name (Last, First, Middle Initial)

MARRIOTT GROUP

Mailing Address 211 NORTH UNION ST
SUITE 220City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Amount of Each Disbursement this Period

7770.25

C.

Full Name (Last, First, Middle Initial)

MARRIOTT GROUP

Mailing Address 211 NORTH UNION ST
SUITE 220City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010106

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

8927.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MERKLE INC	Transaction ID: SB21-0.009815 Date of Disbursement
Mailing Address 100 JAMISON CT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 9</div> </div>
City HAGERSTOWN State MD Zip Code 21740	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE/PRINTING	<div>55867.82</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MOBILE FKM	Transaction ID: SB21-0.010056 Date of Disbursement
Mailing Address 1800 WEST LOOP SOUTH SUITE 2100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 9</div> </div>
City HOUSTON State TX Zip Code 77027	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>676.56</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES LLC	Transaction ID: SB21-0.009947 Date of Disbursement
Mailing Address 300 5TH ST NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement FUNDRAISING PHONE CALLS	<div>6448.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

62992.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 988 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL CAPITAL TELESERVICES LLC

Mailing Address 300 5TH ST NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010094

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

2014.25

B.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City
GAITHERSBURG

State
MD

Zip Code
20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010306

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

3594.65

C.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City
GAITHERSBURG

State
MD

Zip Code
20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010309

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

248.35

SUBTOTAL of Disbursements This Page (optional)

5857.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 989 / 1070

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010312

Date of Disbursement

M M / D D / Y Y Y Y
09 30 2009

Amount of Each Disbursement this Period

3179.47

B. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010316

Date of Disbursement

M M / D D / Y Y Y Y
09 30 2009

Amount of Each Disbursement this Period

17008.88

C. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010319

Date of Disbursement

M M / D D / Y Y Y Y
09 30 2009

Amount of Each Disbursement this Period

570.82

SUBTOTAL of Disbursements This Page (optional)

20759.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 990 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City
CROFTON

State
MD

Zip Code
21114

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009779

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

12000.00

B.

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City
CROFTON

State
MD

Zip Code
21114

Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009783

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

3670.10

C.

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 2130 PRIEST BRIDGE DR # 11

City
CROFTON

State
MD

Zip Code
21114

Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009920

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

5543.64

SUBTOTAL of Disbursements This Page (optional)

21213.74

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 992 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

OXFORD COMMUNICATIONS LLC

Mailing Address 121 S ALFRED ST
STE 6

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010232

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

19897.04

B.

Full Name (Last, First, Middle Initial)

PAUL & PARTNERS

Mailing Address 901 NORTH WASHINGTON ST, STE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009771

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

3642.76

C.

Full Name (Last, First, Middle Initial)

PERRIGO PRINTING

Mailing Address 125 AVENUE NW, LEDYARD BUILDING

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009817

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

1827.00

SUBTOTAL of Disbursements This Page (optional)

25366.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 993 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PINNACLE LIST COMPANY INC

Mailing Address 2800 S SHIRLINGTON RD
STE 970

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009818

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

5348.73

B.

Full Name (Last, First, Middle Initial)

PINNACLE LIST COMPANY INC

Mailing Address 2800 S SHIRLINGTON RD
STE 970

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010233

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

5262.94

C.

Full Name (Last, First, Middle Initial)

PRECISION MARKETING

Mailing Address PO BOX 7670

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009819

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

16263.50

SUBTOTAL of Disbursements This Page (optional)

26875.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 994 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRECISION MARKETING

Mailing Address PO BOX 7670

City
ARLINGTON

State
VA

Zip Code
22207

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25196.60

B.

Full Name (Last, First, Middle Initial)

PREFERRED COMMUNICATIONS

Mailing Address 6090 D FRANCONIA RD

City
ALEXANDRIA

State
VA

Zip Code
22310

Purpose of Disbursement
LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8561.28

C.

Full Name (Last, First, Middle Initial)

PRESS ASSOCIATION INC

Mailing Address P.O. BOX 414243

City
BOSTON

State
MA

Zip Code
02241-4243

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5940.00

SUBTOTAL of Disbursements This Page (optional)

39697.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRH CONSULTING GROUP

Mailing Address P.O. BOX 163245

City
COLUMBUS

State
OH

Zip Code
43216

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009956

Date of Disbursement

M M / D D / Y Y Y Y
09 / 11 / 2009

Amount of Each Disbursement this Period

7588.00

B.

Full Name (Last, First, Middle Initial)

PUBLIC OPINION STRATEGIES

Mailing Address 214 N FAYETTE ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010057

Date of Disbursement

M M / D D / Y Y Y Y
09 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

QUEEN CITY CLUB

Mailing Address 331 E 4TH STREET

City
CINCINNATI

State
OH

Zip Code
45202

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010109

Date of Disbursement

M M / D D / Y Y Y Y
09 / 18 / 2009

Amount of Each Disbursement this Period

4407.20

SUBTOTAL of Disbursements This Page (optional)

14495.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

QWEST COMMUNICATIONS

Mailing Address PO BOX 85619

City
LOUISVILLE

State
KY

Zip Code
40285-6169

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009821

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

1232.27

B.

Full Name (Last, First, Middle Initial)

RAM PRODUCTION SERVICES

Mailing Address 5805 HALL ST

City
BURKE

State
VA

Zip Code
22015

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009822

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

32000.00

C.

Full Name (Last, First, Middle Initial)

RASBERRYS

Mailing Address PO BOX 6104

City
KETCHUM

State
ID

Zip Code
83340

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010111

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

2556.01

SUBTOTAL of Disbursements This Page (optional)

35788.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) **RECALL TOTAL INFORMATION MANAGEMENT**

Mailing Address PO BOX 841693

City DALLAS State TX Zip Code 75284-1693

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010058

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

795.52

B. Full Name (Last, First, Middle Initial) **RECOGNITION PRODUCTS INTERNATIONAL**

Mailing Address 8706 COMMERCE DR
 SUITE 6

City EASTON State MD Zip Code 21601-0361

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009924

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

125.00

C. Full Name (Last, First, Middle Initial) **RESPONSE AMERICA LLC**

Mailing Address 264 N LUMPKIN STREET #202

City ATHENS State GA Zip Code 30601

Purpose of Disbursement
PRINTING/POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009823

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

15644.52

SUBTOTAL of Disbursements This Page (optional)

16565.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RESPONSE AMERICA LLC

Mailing Address 264 N LUMPKIN STREET #202

City ATHENS State GA Zip Code 30601

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010235

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

11040.00

B.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401-2181

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009824

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

375.00

C.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City CHATTANOOGA State TN Zip Code 37401-2181

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009932

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1700.19

SUBTOTAL of Disbursements This Page (optional)

13115.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING AND MAILING

Mailing Address 2600 NW TOPEKA BLVD

City
TOPEKA

State
KS

Zip Code
66617

Purpose of Disbursement
POSTAGE/PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010236

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

46241.21

B.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City
FREDERICKSBURG

State
VA

Zip Code
22408

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009825

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

407.82

C.

Full Name (Last, First, Middle Initial)

SQUARE 737 LLC

Mailing Address 851 2ND ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PARKING SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010060

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

2750.00

SUBTOTAL of Disbursements This Page (optional)

49399.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1000 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City
CHICAGO

State
IL

Zip Code
60689-5326

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23363.90

B.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City
CHICAGO

State
IL

Zip Code
60689-5326

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009958

Date of Disbursement

/ /

Amount of Each Disbursement this Period

84934.10

C.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City
CHICAGO

State
IL

Zip Code
60689-5326

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

122999.35

SUBTOTAL of Disbursements This Page (optional)

231297.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 2625 MOMENTUM PL

City
CHICAGO

State
IL

Zip Code
60689-5326

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010237

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

25510.60

B.

Full Name (Last, First, Middle Initial)

SUMMIT OPEN SYSTEMS LLC

Mailing Address PO BOX 841

City
ARNOLD

State
MD

Zip Code
21012

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010061

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

900.00

C.

Full Name (Last, First, Middle Initial)

THE COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009773

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

36410.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1002 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD
STE 401

City ARLINGTON State VA Zip Code 22206-3601

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009812

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

11294.68

B.

Full Name (Last, First, Middle Initial)

THE MCINTOSH COMPANY

Mailing Address 3838 OAK LAWN AVE
STE 850

City DALLAS State TX Zip Code 75219

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009778

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

THE TARRANCE GROUP

Mailing Address 201 N UNION ST
STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.009827

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

11496.00

SUBTOTAL of Disbursements This Page (optional)

30290.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1003 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THEO INC

Mailing Address P.O. BOX 15602

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009828

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19923.31

B.

Full Name (Last, First, Middle Initial)

THIRD DIMENSION STRATEGIES

Mailing Address 3 HERITAGE CT

City
LITTLE ROCK

State
AR

Zip Code
72211

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8326.58

C.

Full Name (Last, First, Middle Initial)

TOWN OF CAPE VINCENT

Mailing Address PO BOX 680

City
CAPE VINCENT

State
NY

Zip Code
13618

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

68.35

SUBTOTAL of Disbursements This Page (optional)

28318.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1004 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement
RETIREMENT SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010041

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

12366.74

B. Full Name (Last, First, Middle Initial)
TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement
RETIREMENT SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010215

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

13803.28

C. Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO BOX 7247-0244

City PHILADELPHIA State PA Zip Code 19170-0001

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009829

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

192.06

SUBTOTAL of Disbursements This Page (optional)

26362.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1005 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City
PHILADELPHIA

State
PA

Zip Code
19170-0001

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009934

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

284.59

B.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City
PHILADELPHIA

State
PA

Zip Code
19170-0001

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010063

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

407.55

C.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20220

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010040

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

50450.68

SUBTOTAL of Disbursements This Page (optional)

51142.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1006 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20220

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010212

Date of Disbursement

/ /

Amount of Each Disbursement this Period

54322.24

B.

Full Name (Last, First, Middle Initial)

US MONITOR SERVICE

Mailing Address 86 MAPLE AVE

City
NEW YORK

State
NY

Zip Code
10956-5092

Purpose of Disbursement
LIST MANAGEMENT SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010239

Date of Disbursement

/ /

Amount of Each Disbursement this Period

597.95

C.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City
WASHINGTON

State
DC

Zip Code
20018-1004

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009858

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

59920.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1007 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City
WASHINGTON

State
DC

Zip Code
20018-1004

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009959

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

25000.00

B.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City
WASHINGTON

State
DC

Zip Code
20018-1004

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010114

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 900 BRENTWOOD ROAD NE

City
WASHINGTON

State
DC

Zip Code
20018-1004

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010450

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1008 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VANDENBERG AND ASSOCIATES INC

Mailing Address 3927 ELM AVENUE

City
LONG BEACH

State
CA

Zip Code
90807

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009960

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

5340.00

B.

Full Name (Last, First, Middle Initial)

VERTIS COMMUNICATIONS

Mailing Address 2901 BLACKRIDGE RD

City
YORK

State
PA

Zip Code
17406

Purpose of Disbursement
PRINTING/POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.009830

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

19055.15

C.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City
RICHMOND

State
VA

Zip Code
23212

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010039

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

4666.82

SUBTOTAL of Disbursements This Page (optional)

29061.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1009 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City
RICHMOND

State
VA

Zip Code
23212

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010213

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

4984.10

B.

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
LOAN INTEREST

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010217

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

3329.22

C.

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.010305

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

6445.11

SUBTOTAL of Disbursements This Page (optional)

14758.43

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1011 / 1070

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ZONES

Mailing Address PO BOX 34740

City
SEATTLE

State
WA

Zip Code
98124-1740

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.010067

Date of Disbursement

/ /

Amount of Each Disbursement this Period

159.23

SUBTOTAL of Disbursements This Page (optional)

159.23

TOTAL This Period (last page this line number only)

3077238.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1012 / 1070

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2ND ST NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
TRANSFER

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-0.010218

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

50000.00

SUBTOTAL of Disbursements This Page (optional)

50000.00

TOTAL This Period (last page this line number only)

50000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1013 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I

City State Zip Code
SCOTTSBLUFF NE 69361Purpose of Disbursement
EARMARKED FROM EXXON MOBIL PACCandidate Name
ADRIAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Transaction ID: SB23.EMRK1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
BACHMANN FOR CONGRESS

Mailing Address PO BOX 25950

City State Zip Code
WOODBURY MN 55125Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
MICHELLE BACHMANNCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: SB23.EMRK2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
BILL CASSIDY FOR CONGRESS

Mailing Address 8550 UNITED PLAZA BLVD

City State Zip Code
BATON ROUGE LA 70809Purpose of Disbursement
EARMARKED FROM AMERICAN DENTAL PACCandidate Name
WILLIAM CASSIDYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: SB23.EMRK3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1014 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BILL CASSIDY FOR CONGRESS

Mailing Address 8550 UNITED PLAZA BLVD

City State Zip Code
BATON ROUGE LA 70809Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
WILLIAM CASSIDYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: SB23.EMRK4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City State Zip Code
HOLLIDAYSBURG PA 16648Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
BILL SHUSTERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: SB23.EMRK5

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City State Zip Code
HOLLIDAYSBURG PA 16648Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
BILL SHUSTERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: SB23.EMRK6

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1015 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
BILL SHUSTERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: SB23.EMRK7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City HOLLIDAYSBURG State PA Zip Code 16648

Purpose of Disbursement
EARMARKED FROM EXXON MOBIL PACCandidate Name
BILL SHUSTERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: SB23.EMRK8

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
BOOZMAN FOR CONGRESS

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
JOHN NICHOLS BOOZMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 03

Transaction ID: SB23.EMRK9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1016 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City
THE WOODLANDSState
TXZip Code
77387Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
KEVIN BRADYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: SB23.EMRK10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

BUCK MCKEON FOR CONGRESS

Mailing Address 23942 LYONS AVE #105

City
SANTA CLARITAState
CAZip Code
91321Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
HOWARD MCKEONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 25

Transaction ID: SB23.EMRK11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

CANDICE MILLER FOR CONGRESS

Mailing Address PO BOX 182152

City
SHELBY TOWNSHIPState
MIZip Code
48318Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
CANDICE MILLERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 10

Transaction ID: SB23.EMRK13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1017 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CANDICE MILLER FOR CONGRESS

Mailing Address PO BOX 182152

City SHELBY TOWNSHIP State MI Zip Code 48318

Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
CANDICE MILLERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 10

Transaction ID: SB23.EMRK14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

3000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
CANDICE MILLER FOR CONGRESS

Mailing Address PO BOX 182152

City SHELBY TOWNSHIP State MI Zip Code 48318

Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
CANDICE MILLERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 10

Transaction ID: SB23.EMRK15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
CANTOR FOR CONGRESS

Mailing Address PO BOX 17813

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
ERIC CANTORCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: SB23.EMRK16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

5000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1018 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
EARMARKED FROM AFLAC INC PAC

Candidate Name
CATHY MCMORRIS RODGERS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: SB23.EMRK17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B. Full Name (Last, First, Middle Initial)
CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name
CATHY MCMORRIS RODGERS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: SB23.EMRK18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C. Full Name (Last, First, Middle Initial)
CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
EARMARKED FROM INSURPAC

Candidate Name
CATHY MCMORRIS RODGERS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: SB23.EMRK19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1019 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
CHARLES W DENTCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.EMRK20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
CHARLES W DENTCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.EMRK21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement
EARMARKED FROM THE HOME DEPOT INC PACCandidate Name
CHARLES W DENTCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.EMRK22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1020 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRIS LEE FOR CONGRESS

Mailing Address PO BOX 15395

City
ROCHESTERState
NYZip Code
14615Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
CHRIS LEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: SB23.EMRK23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

CHRIS LEE FOR CONGRESS

Mailing Address PO BOX 15395

City
ROCHESTERState
NYZip Code
14615Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
CHRIS LEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: SB23.EMRK24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

CHRIS LEE FOR CONGRESS

Mailing Address PO BOX 15395

City
ROCHESTERState
NYZip Code
14615Purpose of Disbursement
EARMARKED FROM EXXON MOBIL PACCandidate Name
CHRIS LEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: SB23.EMRK25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1021 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR TURNER

Mailing Address 120 W SECOND ST
STE 1510

City DAYTON State OH Zip Code 45402

Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
MIKE TURNERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 03

Transaction ID: SB23.EMRK26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR TURNER

Mailing Address 120 W SECOND ST
STE 1510

City DAYTON State OH Zip Code 45402

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
MIKE TURNERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 03

Transaction ID: SB23.EMRK27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

COLE FOR CONGRESS

Mailing Address PO BOX 722256

City NORMAN State OK Zip Code 73070

Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
TOM COLECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Transaction ID: SB23.EMRK28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1022 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS</p> <p>Mailing Address PO BOX 51272</p> <p>City MIDLAND State TX Zip Code 79710</p> <p>Purpose of Disbursement EARMARKED FROM AFLAC INC PAC</p> <p>Candidate Name K MICHAEL CONAWAY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 11</p>	<p>Transaction ID: SB23.EMRK29 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
<p>B. Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS</p> <p>Mailing Address PO BOX 51272</p> <p>City MIDLAND State TX Zip Code 79710</p> <p>Purpose of Disbursement EARMARKED FROM AT&T INC FEDERAL PAC</p> <p>Candidate Name K MICHAEL CONAWAY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 11</p>	<p>Transaction ID: SB23.EMRK30 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
<p>C. Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS</p> <p>Mailing Address PO BOX 51272</p> <p>City MIDLAND State TX Zip Code 79710</p> <p>Purpose of Disbursement EARMARKED FROM INSURPAC</p> <p>Candidate Name K MICHAEL CONAWAY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 11</p>	<p>Transaction ID: SB23.EMRK31 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1023 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 4963 BEACH BOULEVARD
STE 1

City JACKSONVILLE State FL Zip Code 32207

Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
ANDER CRENSHAWCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 04

Transaction ID: SB23.EMRK32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 4963 BEACH BOULEVARD
STE 1

City JACKSONVILLE State FL Zip Code 32207

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
ANDER CRENSHAWCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 04

Transaction ID: SB23.EMRK33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

CULBERSON FOR CONGRESS

Mailing Address PO BOX 41964

City HOUSTON State TX Zip Code 77241

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
JOHN CULBERSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: SB23.EMRK34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1024 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.Full Name (Last, First, Middle Initial)
CULBERSON FOR CONGRESS

Mailing Address PO BOX 41964

City
HOUSTONState
TXZip Code
77241Purpose of Disbursement
EARMARKED FROM UPSPACCandidate Name
JOHN CULBERSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: SB23.EMRK35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS 2010Mailing Address 5915 EASTMAN AVENUE
STE 100City
MIDLANDState
MIZip Code
48640Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
DAVID LEE CAMPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.EMRK36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

4000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS 2010Mailing Address 5915 EASTMAN AVENUE
STE 100City
MIDLANDState
MIZip Code
48640Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
DAVID LEE CAMPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.EMRK37

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1025 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS 2010

Mailing Address 5915 EASTMAN AVENUE
STE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
EARMARKED FROM INSURPAC

Candidate Name
DAVID LEE CAMP

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.EMRK38

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B. Full Name (Last, First, Middle Initial)
DEDE FOR CONGRESS INC

Mailing Address 63 GLEASON ST

City GOUVERNEUR State NY Zip Code 13642

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DIERDRE SCOZZAFAVA

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: NY District: 23

Transaction ID: SB23-0.009833

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

4500.00

C. Full Name (Last, First, Middle Initial)
DEVIN NUNES FOR CONGRESS

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name
DEVIN NUNES

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: SB23.EMRK39

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

4000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1026 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEVIN NUNES FOR CONGRESS

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name
DEVIN NUNES

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: SB23.EMRK40

Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B. Full Name (Last, First, Middle Initial)
DEVIN NUNES FOR CONGRESS

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
EARMARKED FROM INSURPAC

Candidate Name
DEVIN NUNES

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: SB23.EMRK41

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C. Full Name (Last, First, Middle Initial)
DUNCAN D HUNTER FOR CONGRESS

Mailing Address 9340 FUERTE DRIVE
SUITE 302

City LA MESA State CA Zip Code 91941

Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PAC

Candidate Name
DUNCAN HUNTER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Transaction ID: SB23.EMRK42

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1027 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF DOC HASTINGS

Mailing Address PO BOX 2926

City PASCO State WA Zip Code 99302

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name
DOC HASTINGS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 04

Transaction ID: SB23.EMRK43

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF DOC HASTINGS

Mailing Address PO BOX 2926

City PASCO State WA Zip Code 99302

Purpose of Disbursement
EARMARKED FROM AMERICAN DENTAL PAC

Candidate Name
DOC HASTINGS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 04

Transaction ID: SB23.EMRK44

Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF DOC HASTINGS

Mailing Address PO BOX 2926

City PASCO State WA Zip Code 99302

Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PAC

Candidate Name
DOC HASTINGS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 04

Transaction ID: SB23.EMRK45

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1028 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF DOC HASTINGS

Mailing Address PO Box 2926

City PASCO State WA Zip Code 99302

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
DOC HASTINGSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 04

Transaction ID: SB23.EMRK46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
FRIENDS OF ERIK PAULSEN

Mailing Address PO BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
ERIK PAULSENCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: SB23.EMRK47

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
FRIENDS OF ERIK PAULSEN

Mailing Address PO BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
ERIK PAULSENCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: SB23.EMRK48

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

3000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1029 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF ERIK PAULSEN

Mailing Address PO BOX 44369

City
EDEN PRAIRIEState
MNZip Code
55344Purpose of Disbursement
EARMARKED FROM EXXON MOBIL PACCandidate Name
ERIK PAULSENCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: SB23.EMRK49

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City
SAVANNAHState
GAZip Code
31402Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
JACK KINGSTONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: SB23.EMRK50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City
SAVANNAHState
GAZip Code
31402Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
JACK KINGSTONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: SB23.EMRK51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

3000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1030 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
JACK KINGSTONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: SB23.EMRK52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
JACK KINGSTONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: SB23.EMRK53

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement
EARMARKED FROM THE HOME DEPOT INC PACCandidate Name
JACK KINGSTONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: SB23.EMRK54

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1031 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
JEB HENSARLINGCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: SB23.EMRK55

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
JEB HENSARLINGCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: SB23.EMRK56

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
JEB HENSARLINGCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: SB23.EMRK57

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1032 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City
DALLASState
TXZip Code
75382Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
JEB HENSARLINGCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: SB23.EMRK58

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City
UNIONVILLEState
PAZip Code
19375Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
JOE PITTSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: SB23.EMRK59

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF SAM JOHNSON

Mailing Address PO BOX 860096

City
PLANOState
TXZip Code
75086Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
SAM JOHNSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: SB23.EMRK60

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1033 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON</p> <p>Mailing Address PO BOX 860096</p> <p>City PLANO State TX Zip Code 75086</p> <p>Purpose of Disbursement EARMARKED FROM CATERPILLAR EMPLOYEES PAC</p> <p>Candidate Name SAM JOHNSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 03</p>	<p>Transaction ID: SB23.EMRK61 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 3 0 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON</p> <p>Mailing Address PO BOX 860096</p> <p>City PLANO State TX Zip Code 75086</p> <p>Purpose of Disbursement EARMARKED FROM COMCAST CORPORATION PAC</p> <p>Candidate Name SAM JOHNSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 03</p>	<p>Transaction ID: SB23.EMRK62 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
<p>C. Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS</p> <p>Mailing Address</p> <p>City DIAMOND BAR State CA Zip Code 91789</p> <p>Purpose of Disbursement EARMARKED FROM AFLAC INC PAC</p> <p>Candidate Name GARY MILLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 42</p>	<p>Transaction ID: SB23.EMRK63 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1034 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GARY MILLER FOR CONGRESS

Mailing Address 721 S. BREA CANYON ROAD
SUITE 7

City State Zip Code
DIAMOND BAR CA 91789

Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PAC

Candidate Name
GARY MILLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 42

Transaction ID: SB23.EMRK64

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B. Full Name (Last, First, Middle Initial)
GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 DIXIE HIGHWAY

City State Zip Code
ERLANGER KY 41018

Purpose of Disbursement
EARMARKED FROM AFLAC INC PAC

Candidate Name
GEOFFREY DAVIS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: SB23.EMRK65

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C. Full Name (Last, First, Middle Initial)
GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 DIXIE HIGHWAY

City State Zip Code
ERLANGER KY 41018

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name
GEOFFREY DAVIS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: SB23.EMRK66

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1036 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PAC

Candidate Name
SAMUEL B GRAVES

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: SB23.EMRK70

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B.

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
EARMARKED FROM INSURPAC

Candidate Name
SAMUEL B GRAVES

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: SB23.EMRK71

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C.

Full Name (Last, First, Middle Initial)

GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
EARMARKED FROM AFLAC INC PAC

Candidate Name
STEVEN GUTHRIE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: SB23.EMRK72

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1037 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
STEVEN GUTHRIECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: SB23.EMRK73

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
EARMARKED FROM EXXON MOBIL PACCandidate Name
STEVEN GUTHRIECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: SB23.EMRK74

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
STEVEN GUTHRIECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: SB23.EMRK75

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1038 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address PO BOX 750580

City
LAS VEGAS

State
NV

Zip Code
89136

Purpose of Disbursement
EARMARKED FROM AFLAC INC PAC

Candidate Name
DEAN HELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: SB23.EMRK76

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address PO BOX 750580

City
LAS VEGAS

State
NV

Zip Code
89136

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PAC

Candidate Name
DEAN HELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: SB23.EMRK77

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address PO BOX 750580

City
LAS VEGAS

State
NV

Zip Code
89136

Purpose of Disbursement
EARMARKED FROM HUMANA INC PAC

Candidate Name
DEAN HELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: SB23.EMRK78

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

SEE M10 2009 Report, SCH.
A, LINE 11C

SEE M10 2009 Report, SCH.
A, LINE 11C

SEE M10 2009 Report, SCH.
A, LINE 11C

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1040 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ISSA FOR CONGRESS

Mailing Address PO BOX 760

City
VISTAState
CAZip Code
92085Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
DARRELL ISSACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 49

Transaction ID: SB23.EMRK82

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

ISSA FOR CONGRESS

Mailing Address PO BOX 760

City
VISTAState
CAZip Code
92085Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
DARRELL ISSACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 49

Transaction ID: SB23.EMRK83

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City
URBANAState
OHZip Code
43078Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
JIM JORDANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: SB23.EMRK84

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1041 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.Full Name (Last, First, Middle Initial)
JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
JIM JORDANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: SB23.EMRK85

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**Full Name (Last, First, Middle Initial)
JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
JIM JORDANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: SB23.EMRK86

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**Full Name (Last, First, Middle Initial)
JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
JIM JORDANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: SB23.EMRK87

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1043 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOE WILSON FOR CONGRESS

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
JOE WILSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.EMRK91

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
JOE WILSON FOR CONGRESS

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
JOE WILSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.EMRK92

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
JOE WILSON FOR CONGRESS

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
JOE WILSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.EMRK93

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1044 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOE WILSON FOR CONGRESS

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
JOE WILSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.EMRK94

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

3000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
JOE WILSON FOR CONGRESS

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
JOE WILSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.EMRK95

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

3000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
JOE WILSON FOR CONGRESS

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
JOE WILSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.EMRK96

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1045 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN SULLIVAN FOR CONGRESS INC

Mailing Address 18441 GOTTSCHALK

City State Zip Code
HOMEWOOD IL 60430

Purpose of Disbursement
EARMARKED FROM AFLAC INC PAC

Candidate Name
JOHN SULLIVAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 03

Transaction ID: SB23.EMRK97

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B. Full Name (Last, First, Middle Initial)
JOHN SULLIVAN FOR CONGRESS INC

Mailing Address 18441 GOTTSCHALK

City State Zip Code
HOMEWOOD IL 60430

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name
JOHN SULLIVAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 03

Transaction ID: SB23.EMRK98

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C. Full Name (Last, First, Middle Initial)
JOHN SULLIVAN FOR CONGRESS INC

Mailing Address 18441 GOTTSCHALK

City State Zip Code
HOMEWOOD IL 60430

Purpose of Disbursement
EARMARKED FROM AMERICAN DENTAL PAC

Candidate Name
JOHN SULLIVAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 03

Transaction ID: SB23.EMRK99

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1046 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES ST

City FORT WORTH State TX Zip Code 76102

Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
KAY GRANGERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: SB23.EMRK100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES ST

City FORT WORTH State TX Zip Code 76102

Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
KAY GRANGERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: SB23.EMRK101

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

3000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES ST

City FORT WORTH State TX Zip Code 76102

Purpose of Disbursement
EARMARKED FROM THE HOME DEPOT INC PACCandidate Name
KAY GRANGERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: SB23.EMRK102

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1047 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City State Zip Code
BAKERSFIELD CA 93389Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
KEVIN MCCARTHYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: SB23.EMRK103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

KIRK FOR CONGRESS

Mailing Address PO BOX 8

City State Zip Code
WINNETKA IL 60093Purpose of Disbursement
EARMARKED FROM AMERICAN DENTAL PACCandidate Name
MARK KIRKCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.EMRK104

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

LATTA FOR CONGRESS

Mailing Address 300 NORTH MAIN ST

City State Zip Code
BOWLING GREEN OH 43402Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
ROBERT LATTACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 05

Transaction ID: SB23.EMRK105

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1048 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) LATTA FOR CONGRESS	Transaction ID: SB23.EMRK106 Date of Disbursement																				
Mailing Address 300 NORTH MAIN ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	9												
City BOWLING GREEN State OH Zip Code 43402	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED FROM UPSPAC	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name ROBERT LATTA	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C																					
B. Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS	Transaction ID: SB23.EMRK107 Date of Disbursement																				
Mailing Address PO BOX 540098	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	9												
City OMAHA State NE Zip Code 68154	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED FROM ALTRIA GROUP INC PAC	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name LEE TERRY	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C																					
C. Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART FOR CONGRESS	Transaction ID: SB23.EMRK108 Date of Disbursement																				
Mailing Address 1001 BRICKELL BAY DRIVE 9TH FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	9												
City MIAMI State FL Zip Code 33131	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED FROM AFLAC INC PAC	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name LINCOLN DIAZ-BALART	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1049 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINCOLN DIAZ-BALART FOR CONGRESS

Mailing Address 1001 BRICKELL BAY DRIVE
9TH FLCity State Zip Code
MIAMI FL 33131Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
LINCOLN DIAZ-BALARTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 21

Transaction ID: SB23.EMRK109

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

LINCOLN DIAZ-BALART FOR CONGRESS

Mailing Address 1001 BRICKELL BAY DRIVE
9TH FLCity State Zip Code
MIAMI FL 33131Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
LINCOLN DIAZ-BALARTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 21

Transaction ID: SB23.EMRK110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

LUCAS FOR CONGRESS

Mailing Address PO BOX 1726

City State Zip Code
OKLAHOMA CITY OK 73101Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
FRANK LUCASOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 03

Transaction ID: SB23.EMRK111

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1050 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LUCAS FOR CONGRESS

Mailing Address PO BOX 1726

City OKLAHOMA CITY State OK Zip Code 73101

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
FRANK LUCASCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 03

Transaction ID: SB23.EMRK112

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

LUCAS FOR CONGRESS

Mailing Address PO BOX 1726

City OKLAHOMA CITY State OK Zip Code 73101

Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
FRANK LUCASCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 03

Transaction ID: SB23.EMRK113

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
LYNN JENKINSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.EMRK114

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1051 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PAC

Candidate Name
LYNN JENKINS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.EMRK115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B. Full Name (Last, First, Middle Initial)
LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
EARMARKED FROM EXXON MOBIL PAC

Candidate Name
LYNN JENKINS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.EMRK116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C. Full Name (Last, First, Middle Initial)
LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
EARMARKED FROM INSURPAC

Candidate Name
LYNN JENKINS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.EMRK117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1052 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS</p> <p>Mailing Address PO BOX 1441</p> <p>City TOPEKA State KS Zip Code 66601</p> <p>Purpose of Disbursement EARMARKED FROM UPSPAC</p> <p>Candidate Name LYNN JENKINS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KS District: 02</p>	<p>Transaction ID: SB23.EMRK118 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
<p>B. Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS</p> <p>Mailing Address 95 MERRICK WAY</p> <p>City CORAL GABLES State FL Zip Code 33134</p> <p>Purpose of Disbursement EARMARKED FROM AFLAC INC PAC</p> <p>Candidate Name MARIO DIAZ-BALART</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 25</p>	<p>Transaction ID: SB23.EMRK119 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
<p>C. Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS</p> <p>Mailing Address 95 MERRICK WAY</p> <p>City CORAL GABLES State FL Zip Code 33134</p> <p>Purpose of Disbursement EARMARKED FROM AT&T INC FEDERAL PAC</p> <p>Candidate Name MARIO DIAZ-BALART</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 25</p>	<p>Transaction ID: SB23.EMRK120 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 1 1 2 0 0 9 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> </p> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1053 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS

Mailing Address PO BOX 682185

City
FRANKLINState
TNZip Code
37068Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
MARSHA BLACKBURNCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: SB23.EMRK121

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS

Mailing Address PO BOX 682185

City
FRANKLINState
TNZip Code
37068Purpose of Disbursement
EARMARKED FROM UPS PACCandidate Name
MARSHA BLACKBURNCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: SB23.EMRK122

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

MCCAUL FOR CONGRESS

Mailing Address 815-A BRAZOS STREET

City
AUSTINState
TXZip Code
78701Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
MICHAEL MCCAULCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: SB23.EMRK123

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1054 / 1070

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS</p> <hr/> <p>Mailing Address 815-A BRAZOS STREET</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City AUSTIN</td> <td style="width: 33%;">State TX</td> <td style="width: 33%;">Zip Code 78701</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 55%;">Purpose of Disbursement EARMARKED FROM ANHEUSER-BUSCH PAC</td> <td style="width: 5%; text-align: center;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> </table> <hr/> <p>State: TX District: 10</p>	City AUSTIN	State TX	Zip Code 78701	Purpose of Disbursement EARMARKED FROM ANHEUSER-BUSCH PAC	<input type="checkbox"/>	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<p>Transaction ID: SB23.EMRK124 Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <small>M M</small> 0 9 <small>D D</small> 2 8 <small>Y Y Y Y</small> 2 0 0 9 </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> <hr/> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
City AUSTIN	State TX	Zip Code 78701								
Purpose of Disbursement EARMARKED FROM ANHEUSER-BUSCH PAC	<input type="checkbox"/>	Category/ Type								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS</p> <hr/> <p>Mailing Address 815-A BRAZOS STREET</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City AUSTIN</td> <td style="width: 33%;">State TX</td> <td style="width: 33%;">Zip Code 78701</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 55%;">Purpose of Disbursement EARMARKED FROM AT&T INC FEDERAL PAC</td> <td style="width: 5%; text-align: center;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> </table> <hr/> <p>State: TX District: 10</p>	City AUSTIN	State TX	Zip Code 78701	Purpose of Disbursement EARMARKED FROM AT&T INC FEDERAL PAC	<input type="checkbox"/>	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<p>Transaction ID: SB23.EMRK125 Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <small>M M</small> 0 9 <small>D D</small> 1 1 <small>Y Y Y Y</small> 2 0 0 9 </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: right;">500.00</div> <hr/> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
City AUSTIN	State TX	Zip Code 78701								
Purpose of Disbursement EARMARKED FROM AT&T INC FEDERAL PAC	<input type="checkbox"/>	Category/ Type								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS</p> <hr/> <p>Mailing Address 815-A BRAZOS STREET</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City AUSTIN</td> <td style="width: 33%;">State TX</td> <td style="width: 33%;">Zip Code 78701</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 55%;">Purpose of Disbursement EARMARKED FROM COMCAST CORPORATION PAC</td> <td style="width: 5%; text-align: center;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> </table> <hr/> <p>State: TX District: 10</p>	City AUSTIN	State TX	Zip Code 78701	Purpose of Disbursement EARMARKED FROM COMCAST CORPORATION PAC	<input type="checkbox"/>	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<p>Transaction ID: SB23.EMRK126 Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <small>M M</small> 0 9 <small>D D</small> 1 1 <small>Y Y Y Y</small> 2 0 0 9 </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: right;">2000.00</div> <hr/> <p>[MEMO ITEM] SEE M10 2009 Report, SCH. A, LINE 11C</p>
City AUSTIN	State TX	Zip Code 78701								
Purpose of Disbursement EARMARKED FROM COMCAST CORPORATION PAC	<input type="checkbox"/>	Category/ Type								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1055 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MCCAUL FOR CONGRESS

Mailing Address 815-A BRAZOS STREET

City
AUSTINState
TXZip Code
78701Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
MICHAEL MCCAULCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: SB23.EMRK127

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City
HICKORYState
NCZip Code
28603Purpose of Disbursement
EARMARKED FROM ANHEUSER-BUSCH PACCandidate Name
PATRICK MCHENRYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: SB23.EMRK128

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City
HICKORYState
NCZip Code
28603Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
PATRICK MCHENRYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: SB23.EMRK129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1056 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. Full Name (Last, First, Middle Initial)
NEUGEBAUER CONGRESSIONAL COMMITTEE**

Mailing Address PO BOX 54175

City LUBBOCK State TX Zip Code 79453

Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
RANDY NEUGEBAUERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: SB23.EMRK131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B. Full Name (Last, First, Middle Initial)
NEUGEBAUER CONGRESSIONAL COMMITTEE**

Mailing Address PO BOX 54175

City LUBBOCK State TX Zip Code 79453

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
RANDY NEUGEBAUERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: SB23.EMRK132

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C. Full Name (Last, First, Middle Initial)
PEARCE FOR CONGRESS**

Mailing Address PO BOX 2696

City HOBBS State NM Zip Code 88241

Purpose of Disbursement
CONTRIBUTIONCandidate Name
STEVAN PEARCECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 02

Transaction ID: SB23-0.010216

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1057 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
THOMAS PRICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.EMRK134

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
THOMAS PRICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.EMRK135

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
THOMAS PRICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.EMRK136

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1058 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
THOMAS PRICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.EMRK137

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077Purpose of Disbursement
EARMARKED FROM THE HOME DEPOT INC PACCandidate Name
THOMAS PRICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.EMRK138

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City
WHEATONState
ILZip Code
60187Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
PETER ROSKAMCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.EMRK139

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1059 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
PETER ROSKAMCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.EMRK140

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
PETER ROSKAMCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.EMRK141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

4000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
PETER ROSKAMCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.EMRK142

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1060 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address PO BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
PETER ROSKAMCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.EMRK143

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183

Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
STEVE SCALISECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: SB23.EMRK144

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PACCandidate Name
STEVE SCALISECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: SB23.EMRK145

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1061 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIAState
ILZip Code
61612Purpose of Disbursement
EARMARKED FROM AFLAC INC PACCandidate Name
AARON SCHOCKCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: SB23.EMRK146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIAState
ILZip Code
61612Purpose of Disbursement
EARMARKED FROM HUMANA INC PACCandidate Name
AARON SCHOCKCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: SB23.EMRK147

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

2500.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address PO BOX 11519

City
CHARLESTONState
WVZip Code
25339Purpose of Disbursement
EARMARKED FROM AT&T INC FEDERAL PACCandidate Name
SHELLEY MOORE CAPITOCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.EMRK148

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

5000.00									
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[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1062 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
EARMARKED FROM CATERPILLAR EMPLOYEES PACCandidate Name
SHELLEY MOORE CAPITOCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.EMRK149

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.** Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
EARMARKED FROM COMCAST CORPORATION PACCandidate Name
SHELLEY MOORE CAPITOCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.EMRK150

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.** Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
EARMARKED FROM INSURPACCandidate Name
SHELLEY MOORE CAPITOCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.EMRK151

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1063 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address PO BOX 37091

City CHARLOTTE State NC Zip Code 28237

Purpose of Disbursement
EARMARKED FROM AFLAC INC PAC

Candidate Name
SUE MYRICK

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: SB23.EMRK152

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

B. Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address PO BOX 37091

City CHARLOTTE State NC Zip Code 28237

Purpose of Disbursement
EARMARKED FROM HUMANA INC PAC

Candidate Name
SUE MYRICK

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: SB23.EMRK153

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

C. Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2021 E DUBLIN GRANVILLE RD

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name
PAT TIBERI

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: SB23.EMRK155

Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1064 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: SB23.EMRK156 Date of Disbursement																				
Mailing Address 2021 E DUBLIN GRANVILLE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City COLUMBUS State OH Zip Code 43229	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED FROM AMERICAN DENTAL PAC	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name PAT TIBERI	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: SB23.EMRK157 Date of Disbursement																				
Mailing Address 2021 E DUBLIN GRANVILLE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
City COLUMBUS State OH Zip Code 43229	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED FROM AT&T INC FEDERAL PAC	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name PAT TIBERI	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: SB23.EMRK158 Date of Disbursement																				
Mailing Address 2021 E DUBLIN GRANVILLE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	9												
City COLUMBUS State OH Zip Code 43229	Amount of Each Disbursement this Period																				
Purpose of Disbursement EARMARKED FROM COMCAST CORPORATION PAC	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name PAT TIBERI	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

[MEMO ITEM]

SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1066 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MCPAC

Mailing Address PO BOX 10134

City
BAKERSFIELDState
CAZip Code
93389Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.EMRK130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**B.**

Full Name (Last, First, Middle Initial)

NEW PAC

Mailing Address PO BOX 7480

City
VISALIAState
CAZip Code
93290Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.EMRK133

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C**C.**

Full Name (Last, First, Middle Initial)

THE GOOD FUND

Mailing Address PO BOX 3404

City
ALEXANDRIAState
VAZip Code
22302Purpose of Disbursement
EARMARKED FROM ALTRIA GROUP INC PAC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.EMRK154

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]SEE M10 2009 Report, SCH.
A, LINE 11C

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

9500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MOHAN AIRAN

Mailing Address 2340 S HIGHLAND AVE, STE 250

City
LOMBARD

State
IL

Zip Code
60148-5396

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.010092

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

KEVIN FREE

Mailing Address 1425 HAND AVE # L

City
ORMOND BEACH

State
FL

Zip Code
32174

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.010226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NELSON KALIL

Mailing Address 5454 WISCONSIN AVENUE

City
CHEVY CHASE

State
MD

Zip Code
20815

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.009810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUNG-CHI KWOK

Mailing Address 1 HOSPITAL DRIVE SW

City
HUNTSVILLEState
ALZip Code
35801-6455Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.009953

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PAUL LEWIS

Mailing Address 44555 WOODWARD AVE #406

City
PONTIACState
MIZip Code
48341Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.010231

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MANGADHARA MADINEEDI

Mailing Address 7 ADRIENNE DRIVE

City
CANTONState
MAZip Code
02021-1613Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.009832

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1069 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUDITH ORIE

Mailing Address 490 E NORTH AVE, #400

City
PITTSBURGHState
PAZip Code
15212Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.009955

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

GEORGE VAUGHN

Mailing Address 745 E MULBERRY #601

City
SAN ANTONIOState
TXZip Code
78212-3163Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.010115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

4500.00

C.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N. SAINT ASAPH ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.009785

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

REFUNDED CONTRIBUTION FROM
GREGORY SCHWEITZER \$500.0-
0. SEE MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1070 / 1070

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GREGORY SCHWEITZER

Mailing Address 1497 N.W. 7TH STREET

City
MIAMI

State
FL

Zip Code
33125-3640

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A-GSCSREFUND

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

7450.00